Al 17-lea Congres Național
al Societății Române de Pneumologie
2nd Congress of International Union Against
Tuberculosis and Lung Diseases, Europe Region
București, 17–20 aprilie 2002

Pneumologia

REVISTA SOCIETĂȚII ROMÂNE
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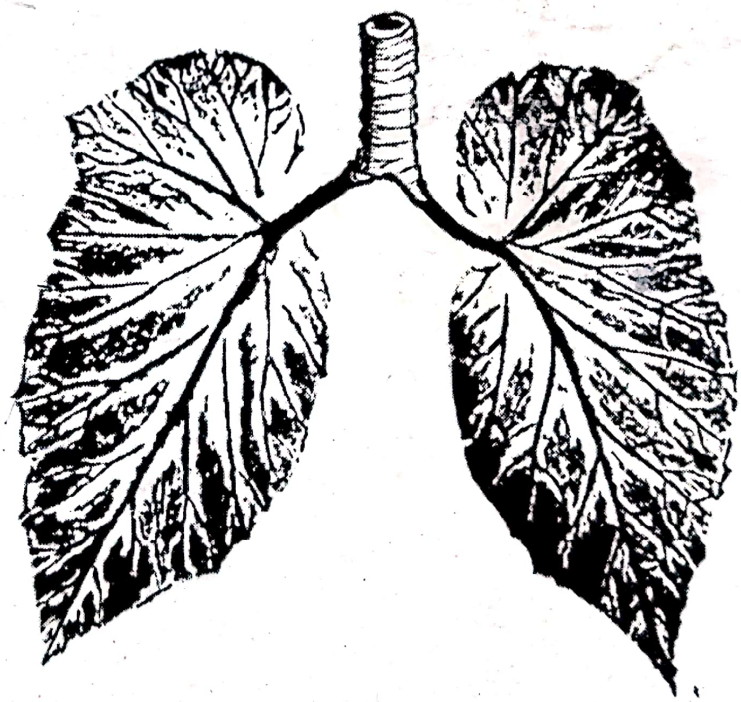

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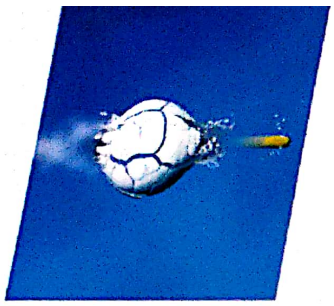

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CAIET DE REZUMATE

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ABSTRACT BOOK

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27. TEST "DOT" RAPID PENTRU SPUTĂ ŞI SER ÎN TUBERCULOZA PULMONARĂ

Henriette Stavri[1], Olga Moldovan[2], Fl. Mihălţan[2], Dorina Bănică[2], R.J.Doyle[3]

[1] Institutul Cantacuzino, Bucureşti, [2] Institutul Naţional de Pneumologie "M. Nasta", Bucureşti, [3] University of Louisville, Kentucky, SUA

Detectarea rapidă a tuberculozei constituie un factor cheie pentru controlul bolii. Astfel, se descrie un test direct, pe membrană de nitroceluloză, pentru spută şi ser, bazat pe imunobloting, cromatografie şi determinare imuno-enzimatică. Acesta poate detecta prezenta antigenilor sau anticorpilor mycobacterieni în probele clinice provenite de la bolnavii cu tuberculoză pulmonară. Au fost testate 87 spute, 87 seruri şi 40 perechi spută/ser de la bolnavi cu microscopie +/-, cultură +; 54 spute, 37 seruri şi 22 perechi spută/ser de la bolnavi cu alte boli respiratorii şi 68 seruri de la martori sănătoşi. Detectarea antigenelor în spută prin testul "DOT" are sensibilitate 86,1% la bolnavii cu tuberculoză activă şi specificitate 92,9%. Pentru ser, testul are sensibilitate 83,6% şi specificitate 95,4%. Efectuat pe perechi spută/ser, sensibilitatea testului este 93,3%, ajungând la 96,3% pentru bolnavii cu microscopie +/cultură +, dar specificitatea scade la 83% în spută şi rămâne la 92% în ser. Rezultatele testului, împreună cu datele clinice şi radiologice, permit începerea timpurie a tratamentului.

27. RAPID DOT SPUTUM AND SERUM ASSAY IN PULMONARY TUBERCULOSIS

Henriette Stavri[1], Olga Moldovan[2], Fl. Mihălţan[2], Dorina Bănică[2], R.J. Doyle[3]

[1] Cantacuzino Institute, Bucharest, Romania, [2] "M.Nasta" National Institute of Pneumology, Bucharest, Romania, [3] University of Louisville, Kentucky, SUA

Rapid detection is one of the key factors in tuberculosis control. Therefore, a direct sputum and/or antibody assay, based on immunoblotting chromatography and enzyme immunoassay, is described. The test can detect mycobacterial antigens or antibodies in the clinical specimens from pulmonary tuberculosis patients. In the study, there were utilized 87 sputa, 87 sera and 40 paired sputa and sera from smear +/-, culture + patients; 59 sputa, 37 sera and 22 paired sputa and sera from nonTB respiratory diseases patients and 68 sera from healthy controls. The antigen detection in sputum by DOT assay has 86,1% sensitivity on active TB pulmonary patients and 92,9% specificity. The antibody assay has 83,6% sensitivity and 95,4% specificity. The test performed on paired sputum and serum samples has a sensitivity of 93,3%, which rose to 96,1% on smear +/culture + patients, but the specificity decreased to 83% in sputum while in serum it was 92%. The results of the assay, combined with clinical and radiological data could allow the start of an earlier treatment.

28. CONTROLUL DE CALITATE AL EXAMENULUI MICROSCOPIC PENTRU DIAGNOSTICUL TUBERCULOZEI

D. Homorodean

Laboratorul Naţional de Referinţă Cluj-Napoca, România

Pentru aprecierea calităţii examenului microscopic, în cursul anului 2001 am verificat 216 frotiuri din 9 laboratoare. Am preferat să reexaminăm frotiurile (F) efectuate şi citite în aceste laboratoare în cadrul activităţii de rutină, această modalitate de control permiţându-ne să apreciem calitatea lamelor, modul de marcare a lor, calitatea frotiurilor, calitatea coloraţiei şi a citirii. Pentru fiecare laborator s-a calculat rata discordanţei, rata concordanţei, sensibilitatea, specificitatea, predicţia valorii pozitive, predicţia valorii negative a rezultatelor (D, C, Sen, Spec, PVP, PVN). Considerăm utilă această modalitate de control deoarece ne ajută la formarea unei impresii de ansamblu asupra activităţii de rutină din laboratoarele de diagnostic, astfel încât să putem planifica activitatea viitoare de îndrumare şi instruire.

Lab	F	D	C	Sen	Spec	PVP	PVN
10001	57	0	100	100	100	100	100
10602	20	5	95	88.8	100	100	91.6
10603	15	6.6	93.3	100	85.7	88.8	100
10604	17	0	100	100	100	100	100
11201	11	9.1	90.9	100	0	90.9	0
11202	11	36.4	63.6	100	0	63.6	0
11203	21	4.8	95.2	91.6	100	100	90
10801	35	0	100	100	100	100	100
10301	29	17.2	82.8	80	84.2	72.7	88.8

28. QUALITY CONTROL OF SPUTUM SMEAR MICROSCOPY

Homorodean D.

National Reference Laboratory Cluj-Napoca, Romania

In order to assess the quality of sputum smear microscopy during 2001 we verified 216 smears from 9 tuberculosis laboratories. We prefered to recheck smears performed and readed as routine work in this laboratories because thus we obtained information about the quality and identification of slides, the quality of the smears, staining and reading. We calculated the rate of disagreement, rate of agreement, sensibility, specificity, predictive value positivity, predictive value negativity for every laboratory's results (D, A, Sen, Spec, PVP, PVN). We consider useful this work protocol for the first step of the external quality control of sputum smear microscopy because it provides us an overall information about routine work in tuberculosis laboratories and help us to plan the future supervision and training activity.

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Lab	Smears	D	A	Sen	Spec	PVP	PVN
10001	57	0	100	100	100	100	100
10602	20	5	95	88.8	100	100	91.6
10603	15	6.6	93.3	100	85.7	88.8	100
10604	17	0	100	100	100	100	100
11201	11	9.1	90.9	100	0	90.9	0
11202	11	36.4	63.6	100	0	63.6	0
11203	21	4.8	95.2	91.6	100	100	90
10801	35	0	100	100	100	100	100
10301	29	17.2	82.8	80	84.2	72.7	88.8

29. SEMNIFICAȚIA RATEI NEGATIVĂRII EXPECTORAȚIEI LA 2 LUNI DE TRATAMENT ÎN TB PULMONARĂ

M. Cîrstoniu, D. Todea, V. Mureșan
Spitalul Clinic de Pneumoftiziologie Cluj-Napoca, România

S-a luat în studiu gradul de corelare care există între rata negativărilor expectorației la 2 luni de tratament antituberculos și evoluția ulterioară a cazului, respectiv rata de succes terapeutic. Din totalul de 471 de cazuri de tuberculoză luate în 2000 in disp. TB Cluj, s-a stabilit un grup de studiu de 190 de bolnavi pozitivi pentru BK la examenul sputei (M+/C+ si M-/C+). Din aceștia 72,1% erau bărbați iar 27,9% femei. Examenul sputei la 2 luni de tratament zilnic evidențiază 57 bolnavi (30%) care se mențineau pozitivi la examenul sputei (35 M+/C+, 20 M-/C+, 2 M+/C-), 123 pacienți negativați la 2 luni de tratament și 10 pacienți fără evaluare bacteriologică la 2 luni. Din cei 57 pacienți menținuți pozitivi la examenul sputei la 2 luni, 73,7% prezentau sensibilitate la toate tuberculostaticele iar 26,3% erau chimiorezistenți (12,3% monorezistență la H; 10,5% birezistență HR, HS, HZ și 3,5% MDR). Antibiograma în cazul pacienților negativați la 2 luni de tratament evidențiază în 94,3% din cazuri chimiosensibilitate și numai în 5,7% din cazuri chimiorezistență (la H 3,3%, la Z 2,4%). Rata de succes terapeutic în rândul pacienților negativați la 2 luni de tratament este de 92,6%, față de rata de succes de numai 61,4% în rândul pacienților care s-au menținut pozitivi la examenul sputei la 2 luni. Se confirmă astfel valoarea predictivă pe care o are evaluarea bacteriologică la 2 luni de tratament în aprecierea ratei de succes terapeutic.

29. THE SIGNIFICANCE OF SMEAR RESULT AT TWO MONTH IN PULMONARY TUBERCULOSIS

M. Cîrstoniu, D. Todea, V. Mureșan
Clinical Hospital of Pneumology Cluj-Napoca, Romania

The purpose of our study is to evaluate how the ratio of two month bacteriological negative results correlates with the success rate, and the further evolution of the case. From 471 total cases registered in 2000 in the district of Cluj, the study group was formed by 190 cases of pulmonary TB smear positive (M+/C+, M-/C+, M+/C-). From this cases 72,1% were men. After two month of daily treatment the smear samples shows 57 cases (30%) with positive smear (35M+/C+, 20 M-/C+, 2 M+/C-), 123 cases with negative smear and 10 patients without bacteriological evaluation. From 57 patients with positive smear at two month 73,7% were fully susceptible and 26,3% were drug resistant cases: 12,3% with mono-resistance to H, 10,5% with biresistence (to HR,HS,HZ) and 3,5% MDR.From 123 cases with negative smear at two month 94,3% were "fully susceptible" and 5.7% shows drug resistance (3,3% to H; 2,4% to Z).The success rate of treatment was statistically different in the two groups: 92,6% in the group with negative smear after two months and 61,4% in the group with persistent positive smear at two month of treatment. This confirm the predictive value of the bacteriological control after two month for the further evolution of the case and especially for the succes rate of treatment failure.

30. ANALIZA CAUZELOR DE PERSISTENȚĂ A FEBREI LA PACIENȚII CU TUBERCULOZĂ PULMONARĂ SUB DOTS

Ștefan Mihăicuță[1], Voicu Tudorache[1], Dan-Iosif Marincu[2], Emilia Nicoară[2], Hanna Csunderlik[1]
[1] Clinica de Pneumologie, UMF Timișoara , [2] Clinica de Boli Infecțioase, UMF Timișoara

Scopul lucrării. Să evalueze cauzele de febră persistentă sub DOTS. Material și metodă. În intervalul martie 97-iunie 2001 au fost evaluați parametri epidemiologici, clinici, radiologici, biologici și bacteriologici la 36 de pacienți cu tuberculoză pulmonară, internați în Clinica de Pneumoftiziologie Timișoara, cu febră sub DOTS (tratament de scurtă durată strict supravegheat) cu durată de peste 3 săptămâni. Vârsta medie a fost 35,8±11,4 ani, 55,5 % bărbați, 44,5% femei, 53% din mediu urban, 47% mediu rural. Radiologic au fost descrise 61% forme cavitare, 19% infiltrativ ulcerate, 14% bronhopneumonii, 6% miliare. Rezultate. La lotul studiat cauzele au fost: chimiorezistență 38,88%, noncomplianță 30,55%, suprainfecție 25%, iatrogenie 5,56%. Frecvența mai mare a fost întâlnită la bărbați (55,5%), iar vârsta predominantă a fost de 30-44 ani (71,24%). Radiologic, domină formele cavitare (61%).
Concluzie. Chimiorezistența (94,5% forme multi-drog rezistente), noncomplianța la terapie și suprainfecțiile cu anaerobi și gram-negativi, formează împreună majoritatea (94,3%) cauzelor de febră persistentă sub DOTS. Febra indusă medicamentos (descrisă la toate drogurile, în studiul nostru numai la hidrazidă) a fost întâlnită la 5,56 % din cazuri. Persistența febrei sub DOTS presupune analiza cauzelor posibile prin investigații suplimentare (examen bacteriologic al sputei, antibiograma, pauza terapeutică, etc.)

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30. CAUSES OF PERSISTENT FEVER AT PATIENTS WITH PULMONARY TUBERCULOSIS UNDER DOTS

Ştefan Mihăicuţă[1], Voicu Tudorache[1], Dan-Iosif Marincu[2], Emilia Nicoară[2], Hanna Csunderlik[1]
[1] Pulmonology Clinic, UMF Timişoara,
[2] Infectious Disease Clinic, UMF Timişoara

Objective. To evaluate possible causes of persistent fever in tuberculosis under DOTS. Materials and methods. We evaluated epidemiologicaly, clinicaly, radiologicaly, biologicaly and bacteriologicaly 36 patients admitted in our clinic for pulmonary tuberculosis (TB) and specific therapy (DOTS), with persistent fever for at least 3 weeks. The age was 35,8±11,4 years, 55,5% males, 44,5% females, 53% from urban area, 47% from rural area. Radiologicaly we found 61% cavitary TB, 19% infiltratives, 14% bronchopneumonia, 6% miliare. Results. Causes of persistent fever were: multi-drug resistence 38,88%, noncompliance 30,55%, surinfection 25%, iatrogenie 5,56%. Frequency was bigger in males (55,5%), and the predominant group of age was 30-44 years (71,24%). Radiologicaly, cavitary formes were frequent (61%). Conclusion. Multi-drug resistence (94,5% of all), noncompliance and surinfections with anaerob and gram-negativs, alltogether represented the majority (94,3%) of causes of persistent fever in treated TB. Drug-induced fever (described at all drugs, in our study only at isoniazid) was found in 5,56 % . Persistent fever in TB under DOTS need further investigations (sputum smear, drug sensibility, etc.)

31. SUPRAVEGHEREA TUBERCULINICĂ LA COPIII ŞCOLARI ÎN JUDEŢUL SIBIU

M. Popescu, R. Costea, V. Gârlonţa, O. Frâncu, I. Drăghilă
Spitalul de Pneumologie Sibiu, România

Scopul studiului este evaluarea nivelului şi tendinţei prevalenţei şi riscului anual al infecţiei (RAI) TB la şcolari în judeţul Sibiu.
Material şi metode: Testări tuberculinice (2u PPD) două intervale consecutive de câte 5 ani (1989-93; 1994-98) la 6 ani (46.656 IDR Mantoux) şi la 14 ani (44.033); lectura şi corelaţie a dimensiunilor şi tipurilor Palmer; excluderea reacţiilor 10-14 mm Palmer IV, cel mai probabil post – vaccinare BCG.
Rezultate: Prevalenţa sensibilităţii la PPD a fost 12,67% la 6 ani (10,40% primul interval «PI»; 17,0% al doilea interval «DI») şi 26,95% la 14 ani (22,44% PI; 34,72% DI). Prevalenţa infecţiei TB a fost 6,87% la 6 ani (5,6% PI; 9,2% DI) şi 16,5% la 14 ani (13,7% PI; 21,2% DI). RAI la 6 ani a fost 0,92% după formula Enarson – Rouillon (fER) (0.7% PI; 1.3%DI) si 1.14% după formula Lotte (fL) (0.9% PI; 1.5% DI). La 14 ani RAI a fost 1.27%fER (1.04% PI; 1.69% DI) şi 1.17% fL (0.98% PI; 1.51% DI). RAI la 14 ani şi 6 ani – este similar: 1.20% (1.01% PI; 1.50% DI).
Concluzie: In perioada studiată se înregistrează o creştere semnificativă a prevalenţei şi riscului anual de infecţie, paralel cu incidenţa TB pulmonare bacilare.

31. TUBERCULIN TEST SURVEY IN SCHOOL CHILDREN IN SIBIU COUNTY

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Pneumology Hospital, Sibiu, Romania

The aim of the study is evaluating the level and trend of prevalence of TB infection and annual risk of infection (ARI) in schoolchildren in Sibiu county.
Material and methods: Tuberculin skin tests (2 u PPD) performed in two consecutive time periods of 5 years (1989-1993, 1994-1998) at age 6 (46,656 IDR Mantoux) and at age 14 (44,033), the diamete and Palmer intensity scale were noted; reactions between 10 and 14 mm Palmer IV were excluded as probably post vaccinal reaction. Results: The prevalence of PPD reactions was 12.67% at age 6 (10.4% first period „FP", 17% in the second period „SP") and 29.95% at age 14 (22.44% FP and 16.5% SP). The prevalence of TB infection was 6.87% at age 6 (5.6% FP, 9.2% SP) and 16.5% at age 14 (13.7% FP, 21.2% SP). ARI at age 6 was 0.92% after Enarson - Rouillon formula (fER): 0.7% FP, 1.3% SP, and 1.14% after Lotte formula (fL): 0.9% FP, 1.5% SP. At age 14, ARI was 1.27% fER (1.04% FP, 1.69% SP) and 1.17% fL (0.98%FP, 1.51% SP). ARI at age 6 and 14 are similar: 1.20% (1.01% FP, 1.50% SP).
Conclusion: In the studied periods, there is a significant increase of prevalence of ARI, which parallels the pulmonary TB incidence.

32. REALIZĂRILE PROIECTULUI PILOT PENTRU DOTS, DIN BUCUREŞTI SECTOR 4, DUPĂ 18 LUNI DE LA IMPLEMENTARE

Domnica Chiotan[1], I.P. Stoicescu[1], Cr. Didilescu[1], Lucica Ditiu[1], Iulia Husar[1], J.P. Zellweger[2], G.B. Migliori[3],
[1] Institutul de Pneumologie „Marius Nasta" Bucureşti, [2] Ligue Pulmonaire Suisse, Bern, [3] Fundazione Salvatore Maugeri; WHO Collaborating Centre for TB and Lung Diseases

În 1998 în România incidenţa tuberculozei a fost 113.3%ooo (de 2.8 ori mai mare decât media pe Europa). Primul proiect pilot pentru DOTS în România care a început în 1998 în jud.Iaşi a produs rezultate promiţătoare: rată de succes 84-86%. Scopul studiului este să evalueze rezultatele unui nou proiect pilot din Sectorul 4, Bucureşti.

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Metodă: S-a lucrat pe baza definiţiilor oficiale OMS. Toate cazurile de tuberculoză, începând cu 01.01.2000 au fost înregistrate şi analizate din punctul de vedere al datelor personale, bacteriologice, chimiorezistenţelor, supravegherii şi rezultatelor tratamentelor.
În anul 2000: total cazuri: 335 (104‰); cazuri noi: 207 (96‰). 87.2% din cazurile noi bK+M au luat tratamentul supravegheat spre deosebire de 30-40% din cazuri la nivel naţional. 87.2% s-au negativat după 2 luni de tratament.
Rezultatele tratamentului pentru cazurile noi, bK+ M au fost:

Perioada	S	E	A	T	D
Anul 2000	86.2	2.7	5.3	4.3	1.6
Trim. I 2001	91.2	2.2	2.2	0	4.4

Concluzii: 1. Rata de succes obţinută depăşeşte exigenţele OMS: 85%. 2. Dacă aceste rezultate continuă să se menţină şi pe viitor, se aşteaptă o scădere a incidenţei în următorii ani.

32. 18 MONTH ACHIEVEMENTS OF PILOT PROJECT FOR DOTS IMPLEMENTATION IN SECTOR IV, BUCHAREST, ROMANIA

Domnica Chiotan[1], I.P. Stoicescu[1], Cr. Didilescu[1], Lucica Diţiu[1], Iulia Husar[1], J.P. Zellweger[2], G.B. Migliori[3]
[1] Institute of Pneumology „Marius Nasta" Bucharest, [2] Ligue Pulmonaire Suisse, Bern, [3] Fundazione Salvatore Maugeri; WHO Collaborating Centre for TB and Lung Diseases

Background: In 1998, in Romania the incidence of notified TB cases was 113.3‰ (2.8 times higher than the average European one). The first Romanian DOTS pilot-project, starting in 1998 in Iasi, produced promising results (success rate: 84-86%). Aim of the study is to evaluate the results of a new DOTS project (Sector IV, Bucharest). Methods: all definitions used were derived from published WHO documents. All TB cases enrolled starting from 01.01.2000 were registered and the main variables analyzed (personal data, diagnostic criteria, bacteriology, therapy, drug sensitivity, DOT, treatment outcome), for the first 18 month.
Results: 2000: total TB cases: 335 (104‰); new cases: 207 (96‰). The proportion of new smear + cases under DOT (87.2%) is significantly higher than the average national value (30-40%). 87.2% of them converted after 2 month of treatment.
Treatment outcome for new smear+ cases:

Period	Succ	Fail	Def	Tr-out	Death
Year 2000	86.2	2.7	5.3	4.3	1.6
Quarter I 2001	91.2	2.2	2.2	0	4.4

Conclusions: 1. The present success rate is higher then 85%, the WHO target; 2. If those results will be confirmed in the next quarters, a decrease in the incidence of notified cases will be expected in a few years.

33. REZISTENŢA LA AZITROMICINĂ ŞI LA ALTE ANTIBIOTICE A TULPINILOR DE *HAEMOPHILUS INFLUENZAE* IZOLATE DIN TRACTUL RESPIRATOR

Olga Dorobăţ, Dorina Sofronie
Spitalul Clinic de Boli Infecţioase şi Tropicale „Dr. Victor Babeş"- Bucureşti

Obiectiv: Evaluarea rezistenţei la azitromicină şi la alte antibiotice a 232 tulpini de *Haemophilus influenzae* izolate din spută şi aspirat bronşic şi a 227 tulpini izolate din exudate nasofaringiene în perioada 1 ian. 2000-8 martie 2001 de la persoane HIV negative şi HIV pozitive.
Metode: Testarea sensibilităţii s-a efectuat prin metoda difuzimetrică folosind mediul Mueller Hinton şi discuri Oxoid: ampicilină (AMP), amoxicilină /acid clavulanic (AMC), cefaclor (CEC), cefuroxim (CXM), ceftriaxon (CRO), imipenem (IPM), aztreonam (AZM), cloramfenicol (CL), eritromicină (ER), claritromicină (CLR), azitromicină (AZM), ciprofloxacină (CIP), trimethoprim/sulfamethoxazol (SXT), tetraciclină (T). Producerea de β-lactamază a fost investigată cu Mast ID Intralactam Strip. Pentru 100 tulpini izolate din spută s-au stabilit concentraţiile minime inhibitorii (CMI) la azitromicină şi eritromicină şi la 52 dintre acestea şi la claritromicină cu E-test (AB Biodisc Suedia). Tulpina de *H.Influenzae* ATCC 49247 s-a folosit pentru asigurarea calităţii determinărilor.
Rezultate: Prevalenţa rezistenţei tulpinilor izolate din spută/aspirat bronşic a fost în ordine descrescătoare la T de 68,9%, SXT 49,1%, AMP 15,5%, CL 7,1%, ER 2,1% şi la CEC şi CIP de 1,6%. La restul antibioticelor testate toate tulpinile au fost sensibile. Tulpinile provenite de la bolnavii HIV faţă de tulpinile de la bolnavii HIV negativi sunt mai rezistente la unele antibiotice: 67% faţă de 38,6% la SXT, 4,5% faţă de 0,6% la ER. Izolatele din exudate au o rezistenţă asemănătoare la T (70,4%), la SXT (51,1%) şi mai mică la AMP (4,4%), CL (2,6%) şi CEC (0,4%). Incidenţa tulpinilor producătoare de β lactamază a fost de 13,4% la tulpinile din spută şi 3,9% la tulpinile din exudate. E-test indică două tulpini rezistente la eritromicină. La claritromicină 42,3% au fost sensibile (CMI ≤ 8 mcg/ml), restul fiind cu sensibilitate intermediară. Pentru azitromicină 99% dintre tulpini au fost sensibile (CMI ≤ 4 mcg/ml) şi 1% cu sensibilitatea intermediară.

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Concluzii: Tulpinile de *H.influenzae* izolate din tractul respirator prezintă sensibilitatea cea mai mare la azitromicină (în proportie de 99%), comparativ cu celelalte antibiotice testate, indiferent dacă sunt ampicilino-rezistente sau sensibile. Rezistenţa la T şi SXT este mare probabil datorită utilizării largi a acestor preparate în ţara noastră. Incidenţa rezistenţei la ampicilină şi cloramfenicol este la un nivel relativ scăzut.

33. AZITHROMYCIN AND OTHER ANTIBIOTIC RESISTANCE OF *HAEMOPHILUS INFLUENZAE* STRAINES ISOLATED FROM THE RESPIRATORY TRACT

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Objectives: To assess the prevalence of azithromycin and other antibiotic resistance in 232 *Haemophilus influenzae* strains isolated from sputum and bronchial aspirates and 227 strains isolated from nasal and pharynx swab, in patients and carriers, both HIV and non-HIV, during January 2000 – March 2001.
Methods: Susceptibility tests were done by diffusion methods, on Mueller Hinton media and Oxoid disks, according to NCCLS recommendations. Susceptibility was tested to ampicillin (AMP), amoxicillin/clavulanic acid (AMC), cephaclor (CEC), cefuroxime (CXM), ceftriaxone (CRO) imipenem (IPM), aztreonam (ATM), cloramphenicol (CL), erytromycin (ER), clarithromycin (CLR), azithromycin (AZI), ciprofloxacine (CIP), trimethoprim/sulphamethoxazole (SXT), tetracycline (T). Beta lactamase testing was performed by Mast ID Intralactam Strip. In 100 strains isolated from sputum, MIC to erythromycin and azithromycin and in 52 strains to clarithromycin was assessed by E test (AB Biodisk, Sweden). For quality assurance and quality control *H. influenzae* ATCCC 49247 strain was used.
Results: Resistance rates for sputum/bronchial aspirate isolated strains were: T 68.9%, SXT 49.1%, AMP 15.5%, CL 7.1%, ER 2.1% , CEC and CIP 1.6%. All the strains were susceptible to the other antibiotics. The strain isolated from HIV positive patients are more resistant to some antibiotics that the strains from non-HIV patients: 67% versus 38.6% to SXT, 4.5% vs 0.6% to ER. Nasal and pharyngeal swabs isolets showed similar resistance to T (70.4%), SXT (51.1%) and lower resistance to AMP (4.4%), CL (2.6%)and CEC (0.4%). The incidence of beta-lactamase producer strains was 13.4% in sputum and and 3.9% in swabs. E test showed 2 strains resistant to erythromycin. For clarithromycin 42.3% of strains were sensitive (MIC ≤ 8 mcg/ml), the rest were intermediate. For azithromycin 99% of strains were susceptible (MIC ≤ 4 mcg/ml) and 1% intermediate.

Conclusions: H. influenzae strains isolated from the respiratory tract revealed the highest susceptibily to azithromycin (99%) compared to the other antibiotics tested, regardless of being ampicillin-resistant or susceptible. To T and SXT the resistance is high, probably due to the extensive use of these antibiotics in our country. The resistance rate to ampicilline and cloramphenicol is at low level.

34. TORACOSCOPIA ÎN PLEUREZIILE TUBERCULOASE

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Până la 20% din pleurezii rămân fără diagnostic etiologic în ciuda anamnezei, toracentezei şi biopsiei pleurale percutane. Am efectuat un studiu retrospectiv pe 73 toracoscopii făcute în clinica noastră în perioada 1.01.2000 - 15.10.2001. În practica noastră, toracoscopia nu joacă un rol important în pleureziile tuberculoase, şi descoperirea granuloamelor tuberculoase prin biopsia toracoscopică apare de obicei ca o surpriză. Etiologia pleureziilor a fost: neoplazică - 56, pneumotorax - 2, pleurezie hidatică - 1, empiem - 1, nediagnosticate - 5, tuberculoasă - 5. În cinci cazuri s-au găsit pleurezii tuberculoase. Toţi pacienţii erau bărbaţi, cu vârsta cuprinsă între 34 şi 71 de ani (media 47.2 ani). Patru aveau pleurezie dreaptă, unul stângă. Lichidul era serocitrin la toţi. Colecţiile erau unilaterale şi în cantitate moderată. Procedurile au fost făcute printr-o unică cale de abord. Durata medie a procedurii a fost de 30 minute. Durata medie a menţinerii drenajului: 2,4 zile. Spitalizarea medie: 8 zile. Aspectul endoscopic: granuloame albe cenuşii distribuite uniform pe toată pleura parietală şi diafragmatică, cu concentrare în sinusul costovertebral. Existau numeroase bride şi aderenţe care îngreunau examinarea. Toracoscopia este prin urmare utilă când nu se poate preciza un diagnostic histopatologic prin mijloacele obişnuite şi mai ales când procesul devine cronic.

34. THORACOSCOPY IN TUBERCULOUS PLEURAL EFFUSIONS

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Up to 20% of pleural effusions remain undiagnosed despite history taking, thoracentesis and percutaneous closed pleural biopsy. We performed a retrospective study on 73 thoracoscopies done in our clinic in the period 1.01.2000–15.10.2001. In our practice, therefore, thoracoscopy plays no significant role in tuberculous pleural effusions, and the discovery of tuberculous granulomata on thoracoscopic biopsy usually comes as a surprise. Etiology of pleural effusion was: malignant

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pleural effusion-56, pneumothorax-2, cirrhosis-2, hydatid pleural effusion-1, empyema-1, undiagnosed-5 and tuberculous effusion-5. In five cases we discovered tuberculous effusions. All 5 patients were male.The age of patients ranged from 34 to 71 years (mean 47.2 years). Four pleural effusions were on the right side and one on the left side. Straw colored effusions was present in all cases. Pleural effusions was unilateral and small to moderate in size. All procedures were conducted through one access port. The mean duration of the procedure was 30 min. Mean chest drainage duration was 2.4 days. Mean intrahospital stay was 8 days. Endoscopic appearance was grayish white granulomata spread uniformly over the whole of the parietal and diaphragmatic pleura with a concentration in the costovertebral gutter.There are many bands and adhesions, which obstruat examination. Thoracoscopy is thus only useful when a definite histopathologic diagnosis cannot be obtained by usual procedures,mainly pleurisy has become chronic.

35. EFICACITATEA CLINICĂ ŞI SIGURANŢA UTILIZĂRII PRODUSULUI MONTELUKAST ÎN TRATAMENTUL ASTMULUI BRONŞIC LA COPII

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Introducere: Antileukotrienele reprezintă o nouă clasă de medicamente utilizate în tratamentul astmului bronşic care ameliorează ventilaţia prin reducerea inflamaţiei din căile aerifere. Antileukotrienele s-au dovedit eficiente în prevenirea bronhoconstricţiei indusă de efort, de aerul rece, acestea reprezentând o alternativă terapeutică în astm (atât intermitent cât şi persistent). Obiective: aprecierea eficacităţii Montelukast-ului în tratamentul astmului bronşic la copil şi identificarea efectelor adverse ale produsului. Material şi metodă: s-a realizat un studiu randomizat în perioada decembrie 1999-decembrie 2000, pe un lot de copii de 76 copii cu vârsta între 6 şi 14 ani. Structura lotului era de 32 fete şi 44 băieţi, cu o vârsta medie de 10 ani. Copiii au fost diagnosticaţi cu astm bronşic persistent (uşor şi moderat), fiind evaluaţi din punct de vedere clinic şi funcţional. Pacienţii au primit tratament cu Montelukast 5 mg/zi, priză unică seara la culcare, timp de 12 săptămâni, fie ca monoterapie, fie ca terapie adjuvantă la corticoterapia inhalatorie. Toţi pacienţii au folosit „la nevoie" β_2 agonişti cu acţiune scurtă. Rezultate: probele funcţionale respiratorii efectuate la sfârşitul perioadei de studiu au înregistrat o îmbunătăţire (FEV1 a crescut cu 9%). S-a redus consumul de β_2 agonişti cu 23%. Numărul trezirilor nocturne şi al exacerbărilor s-a redus semnificativ. Produsul a fost bine tolerat, prezentând reacţii adverse minime.

35. CLINICAL BENEFITS AND SAFETY OF LONG TERM TREATMENT WITH MONTELUKAST IN CHILDREN WITH ASTHMA

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Introduction: Antileukotrienes are a new class of drugs used for the treatment of asthma. They improve ventilation and reduce the inflammation of the bronchial airways. Antileukotrienes have proved efficient in preventing bronchoconstriction resulting from effort, cold and dry air and represent a ray of hope for both intermittent and persistent asthma. Objectives: Determining the efficacy and side effects of Montelukast in the treatment of pediatric asthma. Methods: A randomized study was performed between December 1999 and December 2000 on a group of 76 children aged between 6 and 14 years of age. There were 32 girls and 44 boys with an average age of 10. The children were diagnosed with persistent asthma (mild or moderate) and were evaluated clinically by blood work and pulmonary function tests. They received montelukast 5 mg/day, one dose at bedtime for a total of 12 weeks, either as monotherapy or as adjuvant to inhaled glucocorticoids. All patients also used inhaled β_2 agonists on an "as needed" basis. Results: Pulmonary function tests performed at the end of the study period showed improvement in ventilation (FEV1 increased by 9%). Montelukast decreased the use of β_2 agonists by 23%. The number of nighttime awakenings and asthma exacerbations also decreased. Montelukast was found to be safe, well tolerated and with minimal side effects.

36. MYCOBACTERIEMIA ADULŢILOR INFECTAŢI HIV

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Studiul şi-a propus evaluarea frecvenţei bacteriemiilor cu Mycobacterium tuberculosis (MT) a adultilor HIV+ cu tuberculoză (TB), internaţi în clinică, în perioada noiembrie 1999-octombrie 2001.
Au fost studiaţi 66 adulţi HIV+ cu infecţie cu MT confirmată. Investigaţiile au fost completate cu recoltarea de hemoculturi - cel puţin 3 hemoculturi succesive, pe sistemul MB/BacT. Confirmarea micobacteriemiei s-a obţinut la 19 bolnavi, 11 bărbaţi/8 femei cu vârsta medie 34 ani, cu imunodepresie severă (valoarea medie a limfocitelor CD4 = 155 celule/mm^3). 7 bolnavi au avut TB în antecedente iar 8 au fost descoperiţi odată cu infecţia HIV. Febra a fost în medie de 38,6°C (limite: 37,5-40°C). Numărul mediu de hemoculturi recoltate a fost de

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5 (limite: 3-8). Hemocultura a fost singura metodă de confirmare a diagnosticului la 3 bolnavi. Timpul mediu de pozitivare a hemoculturilor a fost de 21,6 zile. Rezistenţa la HIN, RMP a fost înregistrată la 7 bolnavi. Noncomplianţă la tratament am înregistrat la 4 bolnavi. Tratament antiretroviral au primit 4 bolnavi. S-au înregistrat 13 decese, 8 datorate altor afecţiuni oportuniste şi 2 înainte de începerea terapiei etiologice.
Incidenţa în creştere a TB la bolnavii HIV+ recomandă hemocultura pentru MT în sistemul MB/BacT ca investigaţie obligatorie, utilă administrării rapide a tratamentului etiologic.

36. MYCOBACTEREMIA IN HIV INFECTED PATIENTS

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The aim of this study was to evaluate the frequency of bacteremia due to Mycobacterium tuberculosis (MT) in HIV infected adults with tuberculosis (TB) hospitalized in our clinic between November 1999-October 2001.
Sixty-six HIV infected patients with confirmed TB infection were analyzed. The investigations extended minimum 3 successive blood cultures on MB/BacT System. Mycobacteremia was confirmed in 11 males and 8 females, mean aged 34 years, with severe immunodepresion (mean value of CD4 lymphocytes = 155 cells/mm^3). In the past, 7 patients had TB, and co-infection HIV-TB presented 8 patients. Mean value of fever was 38.5°C (range: 37.5-40°C). The average number of blood cultures was 5 (range 3-8). Blood culture was the only positive specimen in 3 patients. The average time for detection of MT from blood cultures was 21.6 days. Antibiotic resistant isolates (INH, RM) of MT were cultured from 7 patients. Noncompliance to treatment had 4 patients. Four patients received antiretroviral treatment. Thirteen patients died, 2 of them before diagnosis and 8 because of other opportunistic infection.
Regarding the higher incidence of TB in HIV infected patients, blood culture on MB/BacT System, is extremely important in order to plan a therapeutic conduct.

37. EVALUAREA PRIN SCALA EPWORTH A SOMNOLENŢEI DIURNE EXCESIVE LA PACIENŢII CU SINDROM DE APNEE ÎN SOMN

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Scopul lucrării. Să evalueze somnolenţa diurnă excesivă, simptomul cel mai evocator al sindromului de apnee în somn (SAS). Material şi metodă. Cel mai folosit test non-instrumental de evaluare a somnolenţei este Scala de Somnolenţă Epworth (SSE).
S-a aplicat chestionarul la un număr de 20 de voluntari sănătoşi (14 bărbaţi şi 6 femei), 30 sforăitori fără apnee (28 de bărbaţi şi 2 femei) şi 15 pacienţi cu SAS (13 bărbaţi şi 2 femei). Indicele de masă corporală a fost de 22,5 ± 4,5 kg/m^2 la sănătoşi nesforăitori, 26,4 ± 5,7 kg/m^2 la sforăitorii fără apnee şi de 31,4 ± 6,2 kg/m^2 la cei cu SAS. Vârsta a fost de 28 ± 7,5 ani la nesforăitori, 32,5 ± 8,9 la sforăitori şi 50,6 ± 9,4 la cei cu SAS. Fiecare participant a răspuns la 8 întrebări şi a evaluat tendinţa de a adormi cu grade de la 0 la 3 (şanse nule de a adormi, şanse mici, medii şi mari de adormi), în diverse circumstanţe din viaţă, unele situaţii fiind active, altele pasive.
Rezultate

Parametri	Sănătoşi nesforăitori	Sănătoşi sforăitori	SAS
Sex(m/f)	20 (14/6)	30 (28/2)	15 (13/2)
BMI (kg/m^2)	22,5 (4,5)	26,4 (5,7)	31,4 (6,2)
Vârsta	28 (7,5)	32,5 (8,9)	50,6 (9,4)
Valori test	6,9 ± 2,4	8,1 ± 3,6	12,7 ± 4,9

Rezultate. Limita scorului la SSE este cuprinsă între 0 şi 24. Valoarea medie la non-apneici a fost de 6,9 ± 2,4, de 8,1 ± 3,6 la sforăitorii nonapneici şi de 12,7 ± 4,9 la pacienţii cu SAS. Aceste scoruri se corelează semnificativ cu testul de latenţă a somnului, metoda instrumentală cea mai fidelă de evaluare a somnolenţei excesive, ($r = -0,514$, $n = 21$, $p<0,01$), dar arată că SSE explică numai 25% din variaţiile MSLT.
Concluzie. Valoarea testului creşte atunci când auto-evaluările pacienţilor sunt comparate cu observaţiile partenerilor de viaţă, care notează episoade de somnolenţă diurnă, nesesizate sau negate de pacienţi, evaluând şi somnolenţa de lungă durată.

37. EXCESIVE DAYTIME SOMNOLENCE EVALUATED BY EPWORTH SLEEPINESS SCALE AT PATIENTS WITH OBSTRUCTIVE SLEEP APNEA

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Objective. To evaluate excessive daytime somnolence, the most evocative symptom of obstructive sleep apnea (OSA). Materials and methods. The most non-instrumental commonly used questionnaires to evaluate excessive somnolence is Epworth Sleepinees Scale (ESS). We have used the questionnaire to 20 healthy volunteers without snoring (14 males, 6 females), 30 people with

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snoring without apnea (28 males and 2 females), and 15 patients (13 males, 2 females) with OSA. Body mass index was 22,5 ± 4,5 kg/m^2 at volunteers without snoring, 26,4 ± 5,7 kg/m^2 at those with snoring without apnea and 31,4 ± 6,2 kg/m^2 at patients with OSA. The age was 28 ± 7,5 years at volunteers without snoring, 32,5 ± 8,9 at those with snoring without apnea and 50,6 ± 9,4 at patients with OSA. Each participant answered to 8 situations and evaluated the tendency of falling asleep in different situations, some passives or active (using a scale to choose the most appropiate number 0 to 3 for each situation, from "would never doze off", to slight, moderate and high chance of dozing).

Parameters	Healthy non-snorers	Healthy snorers	OSA
Sex (m/f)	20 (14/6)	30 (28/2)	15 (13/2)
BMI (kg/m^2)	22,5 (4,5)	26,4 (5,7)	31,4 (6,2)
Age	28 (7,5)	32,5 (8,9)	50,6 (9,4)
Test values	6,9 ± 2,4	8,1 ± 3,6	12,7 ± 4,9

Results. The range of possible score is 0-24. The mean ± standard deviation value of the ESS was 6,9 ± 2,4 at volunteers without snoring, 8,1 ± 3,6 at those with snoring without apnea and 12,7 ± 4,9 at patients with OSA. The score have been correlated with multiple sleep latency test – MSLT - (r =-0,514, n = 21, p<0,01). This correlation is statistically significant, but shows that the ESS explains only 25% of the variance of the MSLT. Conclusion. The value of the test can be strenghtened by corroborating the patients own evaluation by the parteners account, giving the possibility to evaluate long-term sleepiness. It is not unusual that spouses report involuntary dozing of, misperceived or denied by the patients themselves.

38. TUBERCULOZA PULMONARĂ PSEUDOTUMORALĂ, ÎNTRE EROARE ŞI DIFICULTATE DIAGNOSTICĂ

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Tuberculoza se dovedeşte încă odată a fi o boală enigmatică şi prin aceea că se poate prezenta sub forme pseudotumorale. Sunt prezentaţi 20 bolnavi (14 M şi 6 F) cu tuberculoză pulmonară, cu media de vârstă 44,47 (cu limite între 12 şi 66) de ani, la care examenul clinic, bacteriologic (negativ în microscopie), radiologic standard şi CT, bronhologic şi macroscopic intraoperator, evocau o formaţiune tumorală. Numai examenul histologic al piesei de rezecţie a certificat diagnosticul. Dificultăţile diagnosticului au mai inclus şi faptul că 17 din 19 cazuri, nu au avut antecedente tuberculoase şi nici episoade infecţioase prelungite care să fi "mascat" o tuberculoză latentă ignorată. Pe de altă parte, s-au mai adăugat şi imposibilitatea practicării biopsiilor bronşice (modificări infiltrative) şi a neefectuării de rutină a examenului extemporaneu intraoperator. Evoluţia ulterioară postoperatorie, sub tratament antituberculos a fost în unanimitate favorabilă.

Concluzii: doarece în absenţa confirmării bacteriologice nu avem vreun alt examen de certitudine, rămâne ca biopsia bronşică preoperatorie şi examenul extemporaneu să fie efectuate de rutină, cu scopul de a preveni intervenţia chirurgicală sau de a limita amploarea acesteia atunci când totuşi s-a deschis toracele.

38. PSEUDOTUMORAL PULMONARY TUBERCULOSIS – BETWEEN ERROR AND DIFFICULT DIAGNOSIS

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Tuberculosis seems to be one more time an enigmatic disease as long as it can be present like pseudotumoral forms.

We have presented 19 patients (13 M and 6 F) with pulmonary tuberculosis with the mean age 44,47 (range 12-66) yrs, on which the clinical exam, the bacteriological status (negative smears), the standard radiology and CT, the bronhologic examination and the intraoperatory macroscopic aspect, suggested a tumoral formation. Only the histological examination clarified the diagnostic. The difficulties also included that 17 of 19 cases did not have tuberculosis history or prolonged infectious episodes that could "mask" an ignored latent tuberculosis. On the other hand, it was impossible to perform the bronchical biopsy (infiltrative changes) and the intraoperatory extemporaneous exam. The postoperatory evolution with antituberculosis treatment was unanimous favorable.

Conclusions: In absence of bacteriological confirmation, it remains that the preoperation bronchical biopsy and the extemporaneous exam to be made on routine with the purpose of preventing surgical procedure or to limit its extension.

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P39. STUDIU ASUPRA SINDROMULUI TOXIC LA PULBERI ORGANICE (STPO) LA MUNCITORI EXPUŞI LA IUTĂ

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Obiectiv. Evaluarea sănătăţii muncitorilor expuşi la iută, în contextul STPO.

Material şi metodă. Au fost examinaţi la începutul şi sfârşitul schimbului, din prima şi ultima zi a săptămânii de lucru 85 muncitori (74 femei) (vârsta medie = 37,5 (26÷49) ani; vechime medie = 12,63 (26÷49) ani expuşi la pulberi peste limitele admisibile în secţiile: zdrobire, cardare, laminare, tors, răsucire, poliere, ghemuire. S-au considerat: temperatura axilară („t°↑"), auscultaţia pulmonară, fumatul, examenul sputei, VSH, lipoperoxizii serici.

Rezultate. Corelaţii semnificative statistic (p< 0,001): Luni – ieşire vs Luni – intrare; Luni - ieşire vs Vineri - intrare; Vineri - ieşire vs Luni -intrare; Vineri - ieşire vs. Vineri- intrare şi: auscultaţia pulmonară vs. „t°↑"; VSH vs. „t°↑". Examenul sputei: atipii cl. a II-a şi a III-a (Papanicolau) (57%) şi corpi feruginoşi (65%); lipoperoxizi serici: modificaţi (68%).

Concluzii. Temperatura axilară, VSH şi auscultaţia pulmonară constituie paşi în diagnosticarea STPO.

P39. CONSIDERATIONS ON ORGANIC DUST TOXIC SYNDROME (ODTS) AT WORKERS AT JUTE

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Aim. ODTS diagnosis at workers at jute.

Materials and method. A sample of 85 workers (74 females): aged = 37.5 (26÷49) years, work length = 12.63 (1÷27) years, exposed to organic dust (jute), which crossed the admissible thresholds, has been examined. Places of work: squashing; carding; laminating; spinning; starching; twisting; rolling. Modifications of: axillary's temperature („t°↑"); pulmonary auscultation; smoking; sputum examination; Sedimentation Rate (SR); serum lipo peroxides, was considered.

Results. Meaningful statistical correlations (p<0.001) were highlighted for: Monday – going out vs. Monday – entering; Monday - going out vs. Friday - entering; Friday - going out vs. Monday – entering; Friday - going out vs. Friday – entering; pulmonary auscultation vs. „t°↑". Sputum exams preliminary data emphasized benign atipies cl II and cl III (Papa) (57%) and ferruginous bodies (65%); serum lip peroxides modified (68%).

Conclusions. Axillary's temperature, SR and pulmonary auscultation are steps for ODTS diagnosis.

P40. MANIFESTĂRILE NEUROLOGICE DIN ASTMUL BRONŞIC

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Obiectiv: Obiectivul studiului nostru a fost de a diagnostica precoce tulburările neurologice manifeste în evoluţia astmului bronşic, de instituire a terapiei precoce şi de înbunătăţire a prognosticului bolii.

Material şi metodă: Studiul a fost realizat pe un lot de 30 de bolnavi internaţi în Clinica Medicală I a Spitalului Clinic Judeţean Constanţa în perioada 1-01-1999 – 1-01-2001.

Rezultate şi discuţii: În lotul studiat manifestările neurologice au fost în ordinea incidenţei: 17% convulsii tonicoclonice generalizate, 3% crize Jacksoniene motorii, 3% cefalee nocturnă bifazică, 4% reacţii meningo-encefalice, 3% alterarea stării de conştienţă de la obnubilare până la comă fiind afectate mai frecvent vârsta 45-50 de ani, sexul feminin, provenienţa din mediul rural, diagnosticul fiind evidenţiat prin examinarea neurologică standard şi investigaţii paraclinice (EEG, examen FO, examen CT, puncţie lombară).

Terapia prompt instituită constând în soluţii hipertone cu efect antiedematos central, neurotrofice, antiinflamatorii steroidiene şi nesteroidiene, anticonvulsivante, anti-bioterapie, reechilibrare hidroelectrolitică a condus la remiterea simptomatologiei neurologice şi ameliorarea prognosticului bolii.

Concluzii: Am considerat utilă prezentarea acestui studiu, deoarece diagnosticarea şi tratarea precoce a afecţiunilor neurologice manifeste în evoluţia astmului bronşic are implicaţii asupra evoluţiei şi prognosticului bolii.

P40. NEUROLOGIC MANIFESTATION IN BRONCHIAL ASTHMA

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Objective. The objective of our study was to early diagnose the neurological manifestations during the evolution of bronchial asthma and to apply the treatment to improve the prognosis of the disease.

Material and method. Our study was effected on a lot of 30 patients, hospitalized in the 1st Medical Clinic, County Hospital of Constantza during 1-I-1999 – 1-I-2001.

Results and discussions. In our lot the neurological manifestations were: 17% generalized tonicoclonic

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convulsions, 3% motor Jacksonian crises, 3% biphasic nocturne headache, 4% meningoencefalic reactions, 3% the alteration of the consciousness from obnubilation to coma, the most affected ages being the 45-50 years, the females, coming from the villages, the diagnosis being certified through standard neurological examination and paraclinical investigations (EEG, FO exam, CT scan, lumbar punction).
Prompt therapy, consisting in hypertone solutions with central antiedematous effect, neurotrophic effect and steroidal and non-steroidal antiinflammatory drugs, anticonvulsivant drugs, antibiotics, hidroelectolitic reequilibration leaded to the remission of the neurologic symptoms and the amelioration of the prognosis of the disease.
Conclusions. We considered useful the presentation of this study, because the early diagnosis and treatment of the neurologic affections manifested in the evolution of the bronchial asthma has implications in the evolution and the prognosis of the disease.

P41. AFECTAREA PULMONARĂ ŞI EXPUNEREA OCUPAŢIONALĂ LA FIBRE MINERALE ARTIFICIALE

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Obiectivul acestui studiu este evidenţierea afectării pulmonare la personalul expus cronic profesional la fibre minerale artificiale (FMA). S-a efectuat un studiu transversal într-o întreprindere producătoare de FMA. Lotul expus a fost comparabil cu lotul martor atât în ceea ce priveşte vârsta şi vechimea profesională, cât şi a unor obiceiuri. Media concentraţiei FMA în aerul locurilor de muncă a variat între 0,33-0,81 fibre/cm^3. Evaluarea stării de sănătate a fost centrată pe aparatul respirator. Aproximativ 66% din subiecţii testaţi prezintă modificări ale căilor aeriene superioare. Prevalenţa simptomelor respiratorii a fost mai crescută printre subiecţii expuşi ($p \leq 0,05$). Probele funcţionale ventilatorii (PFV) au evidenţiat un sindrom obstructiv distal la 19% din expuşi comparativ cu lotul martor ($p \leq 0,05$). S-a găsit o corelaţie statistic semnificativă între simptome, afecţiunile căilor aeriene şi modificările PFV. Screeningul citologic al sputei a evidenţiat modificări inflamatorii în 36% din cazuri; 7,5% dintre subiecţi au prezentat o citologie suspectă dar neconcludent malignă. Simptomele clinice şi alterările PFV înregistrate pot fi expresia afectării pulmonare la personalul expus cronic profesional la FMA, cu implicaţii ulterioare în structura şi severitatea morbidităţii cronice invalidante.

P41. OCCUPATIONAL EXPOSURE TO MAN MADE MINERAL FIBRES AND LUNG DISEASE AMONG MANUFACTURING WORKERS

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The objective of this study is to reveal the risk for respiratory health status of the man made mineral fibres (MMMF) occupational exposure. A cross-sectional study was performed in a MMMF manufacture. The exposed lot was comparable with control for age length of service homogeneity and distribution. MMMF mean concentration in the work place air, varies between 0,33-0,81 fb/cm^3. Health status assessment was focused on respiratory system. About 66% of the investigated workers revealed anomalies of the upper airways. The prevalence of the respiratory symptoms was higher among exposed subjects ($p \leq 0,05$). Sputum cytologic screening enhanced changes characteristic inflammatory lung cytology (Type II - Papanicolau classification) in 36% of the subjects; 7,5% of the subjects presented a suspect but inconclusive for malignancy cytology. The pulmonary function tests (PFT) put in evidence a distal obstructive syndrome in 19% of the exposed workers comparatively to the control group ($p \leq 0,05$). Clinical symptoms and PFT registered may reveal the risk for respiratory health status of MMMF occupational exposure, with implications in the structure and severity of chronic invalidating morbidity.

P42. EFECTELE EXPUNERII OCUPAŢIONALE LA CUMUL DE SOLVENŢI ORGANICI ASUPRA APARATULUI RESPIRATOR

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Scopul studiului este evidenţierea efectelor expunerii profesionale la cumul de solvenţi organici (SO) asupra sistemului respirator. S-a efectuat un studiu transversal pe un lot de 122 muncitori într-o fabrică de mobilă, comparativ cu un lot martor adecvat. S-au determinat SO în aerul locurilor de muncă. Evaluarea stării de sănătate a cuprins completarea unui chestionar standard privind simptomatologia respiratorie, examen clinic general centrat pe aparatul respirator şi spirometrie computerizată. SO au avut valori sub limitele admise. Studiul stării de sănătate a relevat o prevalenţă semnificativ crescută a afecţiunilor iritative ale căilor aeriene superioare la lotul expus, comparativ cu martorul ($\chi^2 = 23,58$, $p = 0,0005$). Spirometria computerizată a subliniat prezenţa sindromului obstructiv distal la 19% din expuşi faţă de martori ($p = 0,05$). La lotul expus s-a găsit o corelaţie statistic semnificativă între frecvenţa afectării căilor aeriene

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superioare, probe funcţionale ventilatorii (PFV) şi vechimea profesională. Expunerea ocupaţională la SO poate fi implicată în afectarea tractului respirator, sindromul iritativ cronic al căilor aeriene superioare şi PVF putând releva precoce morbiditatea pulmonară cronică invalidantă.

P42. EFFECTS OF OCCUPATIONAL EXPOSURE TO A MIXTURE OF ORGANIC SOLVENTS ON RESPIRATORY HEALTH

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The aim of this study is to reveal the occupational exposure effects of an organic solvents mixture (OSM) upon the respiratory pathology. A cross-sectional study on 122 workers in a furniture factory has been performed. The exposed group was comparable with control for age, length of service and other potential confounding factors. OS assessments have been done in workplaces air. Health status investigations have been focused on respiratory system. OS measurements in workplaces air showed under TLV values. Health status assessment revealed significant increase of upper airways anomalies associated with OSM occupational exposure (Yate's $\chi^2 = 23,58$, $p = 0,0005$). The computerised pulmonary function tests (PFT) assessment underlined a distal obstructive syndrome in 19% of the exposed workers comparatively to the controls ($p = 0,05$). A significant correlation between airways diseases frequency, PFT and length of service was found at the test group. The exposure to OSM could be involved in the pulmonary pathology, the irritant upper airways syndrome and PFT being able to reveal a precocious diagnosis of the chronic invalidating morbidity.

P43. EVALUAREA SPIROMETRICĂ A BRONHOMOTRICITĂŢII MUNCITORILOR EXPUŞI LA IUTĂ PRIN ADMINISTRAREA DE SALBUTAMOL

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Obiectiv: evaluarea spirometrică a bronhomotricităţii la muncitorii expuşi la iută.
Material şi metodă. Au fost examinaţi la începutul şi sfârşitul schimbului, din prima şi ultima zi a săptămânii de lucru 85 muncitori (74 femei) (vârsta medie = 37,5 (26÷49) ani; vechime medie = 12,63 (1÷27) ani expuşi la pulberi peste limitele admisibile din secţiile: zdrobire, cardare, laminare, tors, răsucire, poliere şi ghemuire. Probele Funcţionale Ventilatorii au fost executate cu FLOWSCREEN.
Rezultate. Au necesitat administrare de Ventolin 51% muncitori. S-au normalizat parametrii: DEMM 25-75 = 31%; DEM25 = 29,5%; DEM50 = 27%; PEF (Debit Expirator Maxim Instantaneu de Vârf - DEMIV) = 17,5%. Diferenţele semnificative statistic între: numărul de administrări de Ventolin, Luni ora 14.00 vs Vineri ora 6.00 ($\chi^2 = 6,65$; $p < 0,01$) confirmă prezenţa „Fenomenul de Luni" la pulberi organice.
Concluzii. La muncitori expuşi la iută spirometria a evidenţiat bronhoconstricţie în căile aeriene mici, reversibilă la Ventolin.

P43. SPIROMETRIC BRONCHOMORICITY ASSESSMENT BY MEANS OF VENTOLIN CONCERNING WORKERS AT JUTE

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AIM: spirometric evaluation of the bronchomotricity at workers exposed at jute.
Material and method. A sample consisting of 85 workers (74 females): aged = 37.5 (26÷49) years, work length = 12.63 (1÷27) years, exposed to organic dust (jute) which crossed the admissible thresholds, has been examined. Places of work: squashing; carding; laminating; spinning; starching; twisting; rolling. Spirometry was performed by mean of FLOWSCREEN.
Results. 51% of workers needed Ventolin. Administration of Ventolin results in normalization of: MMEF25-75=31%; MEF25=29.5%; MEF50=27%; PEF = 17.5%. Meaningful statistical differences were highlighted for the comparisons of the number of administrations of Ventolin Monday 2.00 p.m. vs. Friday 6.00 a.m. ($\chi^2 = 6.65$; $p < 0.01$), which confirms the existence of the well-known "Monday syndrome" at organic dust.

P44. INFECŢIA – CEA MAI IMPORTANTĂ CAUZĂ DE ACUTIZARE A BRONHOPNEUMOPATIEI OBSTRUCTIVE CRONICE (BPOC)

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Spitalul "Dr. Victor Babeş" Bucureşti

Analizând un grup de 40 de bolnavi urmăriţi pe o perioada de un an (nov. 2000 – nov. 2001), autorii au dorit să stabilească prevalenţa infecţiei la bolnavii spitalizaţi cu acutizări ale BPOC, precum şi sensibilitatea la antibiotice. Dintr-un total de 95 de bolnavi cu BPOC internaţi în această perioadă în secţia Pneumologie II, 40 (42%) – 25 de bărbaţi şi 15 femei, cu vârste între 48-80 de ani (mediu 55), au prezentat o infecţie a arborelui traheo-bronşic. Febra >38.5 grade C s-a raportat în 10 cazuri, o imagine

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radiologică de pneumonie în 12 cazuri şi o leucocitoză >10000/ml în 25 cazuri. Bacteriile izolate din spută şi examinate pe frotiu, cultura şi antibiograma au fost: H. influenzae – 25 de cazuri (62%), Klebsiella – 5 (12%), E. colli – 4 (10%), Str. Pneumoniae – 2, câte un caz pentru Pseudomonas, Acinetobacter şi Staph.aureus. 26 de bolnavi au fost frecvent spitalizaţi pentru acutizări ale BPOC şi/sau pentru boli asociate (boală coronariană ischemică – 20, hepatită cronică – 5, diabet zaharat – 1). Cele mai active antibiotice împotriva H. influenzae au fost amoxicilină + acidul clavulanic şi cefalosporinele, macrolidele au avut o activitate intermediară şi doxicilina a fost inactivă. Bacilii gram negativi şi-au păstrat încă o bună sensibilitate la antibiotice. Cea mai importantă cauză de exacerbare BPOC în serviciul nostru a fost infecţia cu H.influenzae împotriva căreia antiobioticele de prima linie sunt încă eficiente, chiar şi la bolnavii imunodeprimaţi.

P44. INFECTION-THE MOST IMPORTANT CAUSE OF ACUTE EXACERBATION OF CHRONIC OBSTRUCTVE PULMONARY DISEASE (COPD)

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By analyzing a group of 40 patients surveyed over one year (nov 2000-nov2001), the auhors want to establish the prevalence of infection, the drug susceptibility and the need for hospitalisation in acute exacerbation of COPD. From a total of 95 patients diagnosed with COPD in this period to the Pneumology II Section, 40 (42%) – consisting of 25 men and 15 women, with ages ranging between 47 and 80 years (medium 55), presented an infection of the tracheobronchial tree. A body temperature >38,5 degrees C was recorded in 10 cases, a radiographical image of pneumonia in 12 cases, and white blood cells > 10000/ml in 25 cases. The microorganisms isolated from the sputum examined by smear, culture and antibiogram, were: H. influenzae-25 (62%), Klebsiella - 5 (12%), E.colli - 4 (10%), Str.pneumoniae - 2, only one for Pseudomonas, Acinetobacter and Staph. Aureus. 26 patiens had been frequently hospitalized for acute exacerbation of COPD and for associate diseases (cardiac ischaemic disease - 20, chronic hepatitis - 5, diabetes mellitus - 1). The most active antibiotics against H.influenzae are amoxicillin, plus clavulanic acid and cephalosporins, the macrolides have an insufficient activity and doxycyline is ineffective. Gram-negative bacteria keep a good susceptibility to antibiotics yet. Finally, the most important cause of the exacerbation in COPD in our section was an infection with H. influenzae; the antibiotics of first election are effective yet, even for immunosuppressed patient.

P45. ASTMUL BRONŞIC ÎN TRIADA: EDEM PULMONAR ACUT, INFARCT MIOCARDIC ACUT, ASTM BRONŞIC CRONIC

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Incidenţa semnificativă în urgenţele medicale a edemului pulmonar acut, complicaţie a infarctului de miocard la un astmatic cronic a declanşat acest studiu asupra unui lot de 689 de pacienţi grupaţi astfel: 87 prezentând această triadă diagnostică, 113 infarcte acute de miocard la astmatici – cu şi fără alte complicaţii, 57 edeme pulmonare acute la pacienţi cu infarct miocardic acut, 93 crize de astm la coronarieni, 183 cazuri cu asocierea Angor pectoris la astmaticii coronarieni şi 156 crize tipice de astm dificil, în decursul a 6 ani. Cazuistica provine de la Servicii mobile de urgenţă şi unităţi de primire a urgenţelor majore. Studiul este complex abordat bio-psiho-socio-medical. Concluziile se constituie în: modul de abordare în urgenţă a dispneei la un astmatic cronic, unde tripticul şi nu doar el EPA, IMA, ABC e posibil cu o incidenţa >8.9% din urgenţele la astmaticii peste 38 ani, incidenţa sporind cu vârsta, vechimea astmului, terenul biologic s.a. Managementul asistenţei medicale de urgenţa la astmatici bazat pe rezultatele studiului se relevă pornind de la acest studiu dintr-un unghi aparte în sinteze grafice şi algoritmi specifici.

P45. BRONCHIAL ASTHMA INSIDE OF: PULMONARY ACUTE EDEMA. ACUTE MYOCARDIAL INFARCTION, CHRONIC BRONCHIAL ASTHMA

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The significant incidence of this pulmonary acute edema as a complication of acute myocardial infarction at the patients with chronic bronchial asthma decided us to start this study which included 689 patients so: 87 with this complete diagnoses association, 113 with acute myocardial infarction at the BCA patients with or without another complication, 57 acute pulmonary edema at the patients with acute myocardial infarction, 93 acute crisis of bronchial asthma for patients with ischemic heart disease, 183 Pectoris Angina for patients with chronic bronchial asthma & ischemic heart disease and 156 typical difficult bronchial asthma in crisis, over 6 year of work experience for us in different Mobil of Medical Emergency and Critical care unit. This is a complex study: BIO-PSICHO-SOCIO and MEDICAL evaluation.
Our conclusions consist of: Medical strategy of DYSPNEEA evaluation for patients with chronic bronchial asthma, where this complete diagnose association – PAE, AMI, CBA is possible with a incidence

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greater than 8,9% from medical emergency at the patients with CBA over 38 year old, and this incidence are increased with the age old, CBA old (aged), biological field of the patient a.s.o. Emergency medical management for patients with CBA based on the results of this study show a new, our joint of view inside of graphic and specific algorithmic conclusions.

P46. FORMĂ SEVERĂ DE SINDROM DE APNEE ÎN SOMN CU APNEI MAXIME DE 51 SECUNDE ŞI DESATURĂRI DE 50%

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N.A, bărbat, IMC 41,28, 145/90 mmHg, cu istoric de somnolenţă diurnă excesivă, afectarea calităţii muncii, sforăit intens întrerupt de apnei de durată variabilă (descrise de partener).
Test de vigilenţă: rata de eroare 54%, pe intervale de cîte 10 minute 12%, 21%, 24%. Scala de Somnolenţă Epworth: 18 (din 24).
Somno-poligrafia: IAH 77/h, IA 21/h, IH 56/h, indice de desaturare 83/h, indice de variaţie a ritmului cardiac 78/h, indicele de mobilitate 8/h, apnei obstructive 97 (60% 10-20 s, 29% 20 - 40 s, 11% peste 40 s), durata maximă 51 s, indice 12/h; apnei mixte 37 (78% 10 - 20 s, 22% 20 - 40 s), durată maximă 36 s, indice 5/h; numărul de apnei centrale 33 (86% 10 - 20 s, 14% 20 - 40 s), durată maximă 25 s, indice 4/h; numărul de hipopnei 453 (23,7% peste 40 s), durată medie 31 s±16, durată maximă 112 s.
Desaturare în O_2: medie 75%±10, cea mai mică 50%, durată medie 30s±11.
Analiza sforăitului: 96% intens, 3% uşor, 2% fără sforăit. Creşterea medie a frecvenţei cardiace cu sforăit/fără sforăit 112,3%.
Concluzie: formă gravă de apnee obstructivă în somn, cu desaturări severe şi de lungă durată. n-CPAP a ameliorat semnificativ IAH (18/H), indicele de desaturare 12/h (mediu 92%), indicele de variabilitate a ritmului cardiac 28/h.

P46. SEVERE SLEEP-RELATED BREATHING DISORDERS WITH 51 SECONDS APNEA AND 50% DESATURATION

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N.A. male, rural area, BMI 41,28 (174 cm, 125 kg), 145/90 mmHg, years of history of diurnal excessive somnolence, heavy snoring.
Vigilence test: error rate 54% (12%, 21%, 24% in 10 minutes intervals). Epworth Sleepiness Scale: 18 of 24.
Somno-poligraphy: IAH 77/h, Apnea index 21/h, Hypopnea index 56/h, Desaturation index 83/h, Heart rate variation index 78/h, Mobility index 8/h, Apnea analysis results- obstructive 97 (60% 10-20 s, 29% 20 - 40 s, 11% over 40 sec.), mean duration 21 s±11, maximum duration 51 s, index 12/h; mixed 37 (78% 10-20 s, 22% 20 - 40 s, mean duration 16s±6, maxim duration 36 s, index 5/h; central 33 (86% 10 - 20 s, 14% 20- 40 s), mean duration 13 4 s, maxim duration 25 s, index 4/h; hypopneas 453 (33,3% 10-20 s, 43% 20- 40%, 23,7% over 40 s),), mean duration 31 s±16, maxim duration 112 s, index 56/h.
Desaturation analysis: desaturation (mean 75%±10, lowest 50%, mean duration 30s±11, index 83/h).
Snoring and heart rate: 96% loud, 3% mild, 2% without snoring; Mean heart rate increase with/without snoring 112,3%.
Conclusion: severe sleep-related disorder, with severe and lond desaturations predominant in supine position, afected quality of life. n – CPAP therapy was very eficient: IAH (18/H), Desaturation Index 12/h (mean 92%), Heart Rate Variation 28/h.

P47. AEROIONIZAREA FORŢATĂ A AERULUI DIN ÎNCĂPERE CA ŞI ALTERNATIVĂ ADJUVANTĂ ÎN TERAPIA ASTMULUI ŞI A BRONŞITEI CRONICE

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Obiectiv: evaluarea impactului aeroionizării (NaCl) forţate a aerului din încăpere, ca terapie adjuvantă în bronşita cronică şi astm, folosindu-se un aparat de producţie autohtonă.
Protocol: studiu placebo controlat, randomizat cu durata de 12 luni. Localizare: bolnavi din evidenţa ambulatorului clinicii de pneumologie şi de la un cabinet de medicină de familie.
Participanţi: 30 de bolnavi (18 F şi 12 M) suferind de bronşită cronică supurată (13) şi astm bronşic (17) asociat cu rinită alergică. Bolnavii au fost repartizaţi în 2 loturi, lotul I (control), care a inclus 15 pacienţi şi lotul II (placebo), care a cuprins ceilalţi 15 pacienţi cu distribuţie pe vârstă, profil patologic şi tratament standard comparabile.
Variabile măsurate: parametrii spirometrici bazali (VEMS, CVF), numărul de recurenţe, necesitatea medicaţiei simptomatice, indici de calitate a vieţii.
Rezultate: la lotul de control s-a observat o minimă ameliorare a VEMS (creşteri cu 11%), ameliorarea scorurilor clinice (diminuarea tusei, cantităţii de spută,

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congestiei nazale, pruritului ocular etc). Efectul acestor modificări s-a reflectat în îmbunătățirea calității vieții, reducerea internărilor și diminuarea apelului la medicație simptomatică.
Concluzii: ca tratament adjuvant, aeroionizarea forțată a aerului, deși nu îmbunătățește semnificativ funcția pulmonară, ameliorează totuși calitatea vieții bolnavilor și diminuă rata internărilor anuale. De remarcat facilitatea metodei: fără riscuri, ieftină și adaptată la spațiul de locuit.

P47. FORCED IONIZATION OF THE INDOOR AIR AS ADJUVANT IN THE THERAPY OF CHRONIC BRONCHITIS AND ASTHMA

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Objective: assessment of forced ionization (NaCl) of the indoor air as adjuvant therapy of chronic bronchitis and asthma, using a local device ("Salin").
Protocol: controlled placebo randomized study for 12 months. Settings: patients belonging to pulmonology clinic and to a family consulting room.
Participants: 30 patients (18 F and 12 M) with chronic bronchitis (13) and with asthma (17) associated with allergic rhinitis. The patients were separated into 2 groups, the group I (control), which included 15 patients and the group II (placebo) which included the other 15 cases, having similar features concerning age, disease profile and standard treatment.
Parameters analized: basal spirometry (FEV1, FVC), rate of exacerbations, necessity for reliever medication, quality of life.
Results: control group patients had a mild improving of FEV1 (up to 11%), improving clinic scores (decreasing of cough, quantity of sputum, nasal obstruction, eyes itching etc). The effect was reflected in improving quality of life, decreasing rate of admisions and necessity for relieving therapy.
Conclusions: forced air ionisation as adjuvant therapy induces only a mild improving of functional status, but improves quality of life and decreases the rate of recurrences. It must be also noted the simplicity of the method: no risc, cheap, and convenient for home therapy.

P48. ABORDĂRI TERAPEUTICE IN BRONHOPATIA CRONICĂ OBSTRUCTIVĂ (BPOC)

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Introducere. După o serie de campanii educaționale care au avut loc timp de 2 ani în România în domeniul BPOC am încercat să descifrăm atitudinea terapeutică în fața unui pacient cu o astfel de afecțiune.
Material și metodă. S-au adresat chestionare cu 41 de întrebări la 101 medici pneumologi.
Majoritatea erau medici primari (65,3%) cu o vârstă medie de 42 ± 8,8 ani, majoritatea provenind din mediul urban 92,1%.
Rezultate și discuții. Medicii au în medie 66,5 ± 77 bolnavi cu BPOC în evidența; controlul acestora se face în medie la 9,6 ± 6 săptămâni, iar după externare la 5,7±5,5 săptămâni. În medie ei cunosc un singur consens (44,6% doar consensul românesc) și doar 44,6% au participat la un curs de perfecționare pe această temă. Din punct de vedere terapeutic ei utilizează în 59,4% din cazuri anticolinergicele în prima linie, în 53,5% în a doua linie betamimeticele și în 32,7% din cazuri în a treia linie xantinele. Cu toate acestea 87% folosesc miofilin injectabil, 91% hemisuccinat de hidrocortizon în cazul exacerbărilor. Pentru controlul mai bun al acestei boli doar 26,7% consideră importante măsurile antifumat și 71,3% resimt lipsa materialelor științifice de educație a medicilor; 54 % au nevoie pentru ameliorarea investigației acestei boli de un spirometru.
Concluzii. Studiul relevă încă importante deficiențe pe planul educației pneumologilor din România și lipsa unei dotări minime a cabinetelor și spitalelor. Se impune elaborarea unor materiale educative pentru pacienți și cadrele sanitare cu preocupări în domeniu.
Studiu sponsorizat de Casa de medicamente "Boehringer Ingelheim" - filiala românească

P48. THERAPEUTIC APPROACHES IN THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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Introduction. After a series of educational campaigns carried on in Romania in a period of 2 years in the field of COPD, we tried to unravel the therapeutic attitude for a patient suffering of such a disease.
Material and method. Questionnaires with 41 questions were sent to 101 pneumologists. Most of them were MD (65,3%), with an average age of 42 ± 8,8 years, most of them being in the urban milieu – 92,1%.
Results and discussions. The physicians have in evidence an average 66,5 ± 77 patients with COPD; they are controlled an a average at 9,6 ± 6 weeks, and after being hospitalized at 5,7 ± 5,5 weeks. On average, they know a single consensus (44,6% only the Romanian consensus) and only 44,6% took part in a courses of improvement in this field. From the therapeutic point of view they use in 59,4% cases anticolinergics in the first line, in 53,5% in

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second line β_2 mimetics and in 32,7% in the third line the xantines. Nevertheless, 87% use myofilin injectible, 91% hemisucinat of hydrocortisone in the case of exacerbation. For a better control of this disease, only 26,7% consider important the anti-tobacco measures and 71,3% feel the absence of scientific educational material for the physicians; 54% need a spirometer, for improving the investigation of this disease.
Conclusions. The study reveals that in Romania still exist serious deficiencies concerning the pneumologists education and the absence of a minimum endowments of the consulting rooms and hospitals. It requires to be worked out some educational material for patients and medical staff dealing with such problems.
Study sponsored by Boehringer Ingelheim Pharmaceutical Company – Romanian branch.

P49. APORTUL DIAGNOSTIC AL FIBROBRONHOSCOPIEI LA PACIENŢII FUMĂTORI CU TUSE PERSISTENTĂ

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În perioada ianuarie 1998-decembrie 2000 s-au prezentat pentru fibrobronhoscopie 21 de pacienţi fumători (>10 ani, >1 pachet/zi) ce prezentau tuse spastică sau productivă rebelă la tratamente standard (antiinflamatoare sau bronhodilatatoare topice, antibioticoterapie etc.) pe o perioadă de timp între 3 luni şi 2 ani. Radiografiile toracice nu indicau o patologie respiratorie clară. Au fost 3 pacienţi de sex feminin şi 18 pacienţi de sex masculin, cu vârsta între 34-74 de ani (media 52 ani).
Fibrobronhoscopia, macroscopic, a depistat următoarea cazuistică: neoplasm bronhopulmonar (4 cazuri), aspect bronşitic cronic (9 cazuri), bronşiectazii (3 cazuri confirmate ulterior prin ex. CT toracic), sechele mutilante post TBC bronşic (3 cazuri), corp străin intrabronşic (1 caz, os, LID), metastaze endobronşice (1 caz, adenocarcinom, neoplasm colon).
Pentru inflamaţia cu hipertrofie concentrică de mucoasă s-au prelevat biopsii. La 3 cazuri s-au semnalat discarioze severe şi displazii. Pentru 2 cazuri tabloul histologic s-a normalizat după dispariţia unui proces supurativ coexistent. La 1 caz repetarea biopsiei a confirmat un carcinom epidermoid situat în apicalul inferior şi trunchiul bazal drept.
S-au decelat 6 cazuri cu etiologie neoplazică: 4 – "vizibile" (3 "non small" – ulterior operabile, 1 microcelular IIB- T2N1M0), 1 – hipertrofie concentrică de mucoasă (biopsie – carcinom epidermoid, ulterior operabilă), 1 – metastaze endobronşice (colon). Eticheta de "fumător" (fumător = tuse) poate masca adevărata origine a tusei (nu întotdeauna tuse = fumător). Tusea rebelă la pacienţii fumători obligă la căutarea altor etiologii; fibrobronhoscopia are indicaţie majoră în aceste cazuri.

P49. THE DIAGNOSTIC CONTRIBUTION OF THE FIBROBRONCHOSCOPY IN THE CASE OF PATIENTS SMOKERS WITH A LONG STANDING COUGH

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Between January 1998 – December 2000 there have been examined by fibrobronchoscopy 21 patients smokers (>10 years, 1>packet/day), who presented spastic or productive cough resisting to standard treatment (topic anti-inflamators and bronchodilatators, antibiotherapy etc.) for a period of 3 months – 2 years. The thoracic X-ray has not showed a clear respiratory pathology. There were 3 female patients and 18 men, between 34 and 74 years old (the average of 52 years). The fibrobronchoscopy, macroscopic, has detected: bronchopulmonary neoplasm (4 cases), chronic bronchitic aspect (9 cases), bronchiectasis (3 cases confirmed afterwards by a thoracic CT-scan), mutilative sequelae post bronchial tuberculosis (3 cases), foreign body intrabronchial (1 case, bone, right lower lobe), endobronchial metastases (1 case, adenocarcinoma, colon neoplasm). For the inflamation with concentric hypertrophy of the mucosa, it was performed biopsies. To 3 cases it was detected severe discariotic lesions and dysplasia. For 2 cases the histological aspect became normal after the disappearance of a coexistent suppurative process. At 1 case, a repeated biopsy has confirmed an epidermoid carcinoma placed in the lower right apical and basal bronchus.
There were detected 6 cases with "neoplasm": 4 – "visibles" (3 "non small" – afterwards operable, 1 microcellular II B – T2 N1M0), 1 concentric hypertrophy of the mucosa (biopsy- epidermoid carcinoma, afterwards operable), 1 endobronchial metastases (colon). The label of "smoker" (smoker = cough) can hide the real origin of the cough (not always cough = smoker).
The persistent cough at smokers patients requires to look for other etiologies; in these cases the fibrobronchoscopy is strongly recommended.

P50. BRONHIA CARDIACĂ ACCESORIE – O ANOMALIE RARĂ DE DIVIZIUNE BRONŞICĂ

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Bronhia cardiacă accesorie superioară este o anomalie congenitală rară, fiind o ramură supranumerară situată

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pe peretele medial al bronhiei principale, aproape întotdeauna pe dreapta, față în față cu orificiul bronhiei lobare superioare.

S-au studiat toate cazurile de bronhie cardiacă accesorie întâlnite în serviciul de bronhologie al Institutului "M. Nasta" pe o perioadă de 10 ani (1991-2000). Dintr-un total de 37.690 bronhoscopii, 315 cazuri aveau anomalii/variații de diviziune, iar dintre acestea doar 11 (3,19%) aveau bronhie cardiacă accesorie. Din aceste 11 cazuri 7 erau bărbați, iar 4 erau femei. În toate cazurile bronhia cardiacă accesorie pornea din bronhia primitivă dreaptă. În 7 cazuri era "în deget de mănușă", iar în 4 cazuri avea ramificații și parenchim pulmonar adiacent. Indicațiile bronhoscopiei erau diverse pentru cele 11 cazuri. Aspectele endobronșice au fost: normal la 6 cazuri, aspect bronșitic la 2 cazuri, procese infecțioase localizate la 2 cazuri și stenoză bronșică extrinsecă bilaterală (limfom) într-un caz.

Aceste date arată că bronhia cardiacă accesorie este o anomalie de diviziune extrem de rară (0,03% din totalul bronhoscopiilor analizate). În toate cazurile bronhia cardiacă accesorie era localizată pe dreapta, în majoritatea cazurilor fără a avea parenchim pulmonar adiacent.

P50. ACCESSORY CARDIAC BRONCHUS: A RARE ANOMALY OF BRONCHIAL DIVISION

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The accessory superior cardiac (ASC) bronchus is a rare congenital disorder. It is a supernumerary branch situated on the medial wall of the stem bronchus, almost always on the right one, facing the orifice of the upper lobe bronchus. We studied all cases of ASC bronchus encountered in our Institute in the last 10 years (1991-2000). Among all 37690 bronchoscopies performed, we found 315 cases with bronchial division variations/anomalies. Among these cases, only 11 (3,19 %) had accessory superior cardiac bronchus. Seven cases were males and four women. In all cases, the ASC bronchus was from the right main bronchus. It was blind-ended in 7 cases and had further ramifications in the other 4 cases. The indications of bronchoscopy were variate in the 11 cases, but 6 of them had normal endoscopic aspects, 1 had extrinsic bilateral bronchial stenosis (lymphoma), 2 had bronchitic aspect of the bronchial mucosa and 2 had localised infectious processes.

These results showed that accessory cardiac bronchus is a very rare anomaly of bronchial division (0.03 % among all studied bronchoscopies). In all cases, ASC bronchus was on the right side, in most cases with no adjacent pulmonary parenchyma.

P51. PARTICULARITĂȚI CLINICO-EVOLUTIVE ALE PNEUMONIEI ACUTE BACTERIENE LA VÂRSTNICI

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Pacienții vârstnici, prin patologia asociată, alături de terenul individual cu răspuns imunologic deficitar, reprezintă o categorie populațională cu risc pentru pneumoniile acute bacteriene (PAB). Autorii au studiat un grup de 28 pacienți (vârsta >60 ani) internați în Clinica I de Boli Infecțioase, Timișoara cu PAB. Diagnosticul pozitiv s-a bazat pe elemente clinice (debut acut, febră, frison, durere toracică, tuse cu expectorație purulentă, dispnee, raluri crepitante), biologice (VSH, leucocitoză, fibrinogen, CRP, sputoculturi) și paraclinice (radiografie pulmonară, spirometrie). Rezultatele monitorizării grupului de studiu pe baza parametrilor anterior stabiliți demonstrează un debut acut cu febră+frison+durere toracică+tuse la 25 pacienți, VSH-ul >60 mm (1h) la 26 pacienți, leucocitoză >10.000/mm^3 la 24 pacienți, Fg>6g‰ la 24 pacienți, raluri crepitante la 25 pacienți, opacitate pneumonică, evidențiabilă radiologic la 28 pacienți; evoluție trenantă la bolnavii cu patologie asociată, (insuficiență cardiacă, HTA, diabet zaharat, neoplazii). Cunoașterea particularităților clinico-evolutive ale PAB la vârstnici permite instituirea unei monitorizări clinice adecvate care, alături de mijloacele terapeutice optime, contribuie la îmbunătățirea prognosticului acestei afecțiuni.

P51. THE CLINICO-EVOLUTIVE PECULIARITIES OF BACTERIAN ACUTE PNEUMONIA TO OLDIES

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Oldies patients, through the hardest patology next to the individual field having a defficient immunological response, represents a group of people with risc for bacterian, acute pneumonia (BAP). The authors had studied a 28 patients group (>60 years) hospitalised in Clinic of Infectious Deseases Timisoara with BAP. The positive diagnosis based on clinical elements (acute debut, fever, chills, chest pain, cough with pus expectoration, dispneea), biological (VSH, high WBC, Fibrinogen, CRP, sputoculture) and paraclinic elements (radiography, spirometry). The results monitorises the studied group

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based on the previous stabilised parameters proves an acute debut with fever+chills+chest pain+cough to 25 patients, VSH >60mm/1hour to 26 patients, Leukocytosis >10000/mm^3 to 24 patients, Fibrinogen >6g‰ to 24 patients, radiological changes to 28 patients, prolong evolution to the patients with an advanced multiple patology (heart insufficience, arterial hypertension, diabet, neoplasm). Knowing the clinico-evolutive peculiarities of BAP to oldies permit to institue a real clinical monitorised which, next to the optimal therapeutical options, contribute to the improvement of this affection prognostic.

P52. EFICIENŢA TERAPIEI CU AZITROMICINĂ ÎN PNEUMONII

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Azitromicina este un derivat al eritromicinei, care se încadrează într-o nouă subclasă a macrolidelor, azalidele. Are activitate bună asupra speciilor Gram pozitive, dar spectrul de acţiune se extinde şi asupra Gram negativilor, mai ales asupra Haemophilus influenzae. De asemenea este eficientă asupra patogenilor intracelulari care reprezintă o cauză frecventă a pneumoniilor.

Proprietăţile farmacodinamice deosebite fac ca după administrarea orală a dozei de 500 mg să se obţină niveluri tisulare ridicate şi susţinute. Timpul de înjumătăţire al azitromicinei în ţesuturi este de 2-4 zile după o doză unică. Aceste proprietăţi sugerează că terapia de scurtă durată –3 zile, cu doza unică zilnică de 500 mg este eficientă în tratarea pacienţilor cu pneumonie.

Obiective: Studiul a avut ca scop evaluarea eficienţei azitromicinei în tratamentul de trei zile al pneumoniilor.

Pacienţi si metode. Eficienţa terapeutică a azitromicinei a fost evaluată pe un număr de 37 pacienţi diagnosticaţi, după semnele clinice şi radiologice, cu pneumonie, trataţi cu o doză de 500 mg zilnic, timp de trei zile.

Agentul etiologic - Streptococcus pneumoniae - a fost izolat şi identificat în 33 din cazuri.

Rezultate. Toţi cei 33 pacienţi cu agentul etiologic identificat au avut un răspuns clinic favorabil (32 vindecaţi, 1 ameliorat) cu eradicare bacteriologică. La 4 pacienţi patogenul nu a fost izolat, aceştia fiind doar evaluaţi clinic. Tratamentul a înregistrat succes în 3 dintre aceste cazuri. Doar în cazul unui pacient patogenul a persistat după tratament. Acest caz a fost considerat un eşec clinic.

În concluzie, rezultatele acestui studiu demonstrează că azitromicina administrată timp de 3 zile este eficientă în tratarea pacienţillor cu pneumonii acute.

P52. EFFICACY OF AZITHROMYCIN TREATMENT OF PNEUMONIA

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Azithromycin is a semisynthetic derivate of erythromycin, being included in a new subclass of macrolide antibiotics, named azalides.

Azithromicyn exhibits good antimicrobial activity against gram psitive microorganisms, but its spectrum extends upon Gram negativ pathogens too, especially on H. Influaenzae strains. Azithromycin is also active on intracellular pathogens, very frequent causes of pneumoniae.

Due to distinct pharmacokinetic characteristics of azithromycin, after oral administration of single 500 mg dose, the drug reaches high and sustained tissue concentrations. The tissue half life of azithromycin following 1 single oral dose of 500 mg, is 2-4 days. These features suggest that short dosing regimen of 500 mg daily dose for 3 days is efficient in treatment of patients with pneumoniae.

Objectives: efficacy assessment of 3 days dosing regimen of azithromycin in pneumonia treatment.

Methods: 37 patients were included in the study with diagnostic of pneumonia based on clinical signs and symptoms, as well as radiological examination. Patients were administrated 500 mg single daily dose of azithromycin, for 3 days.

Etilogical pathogen- *Streptococcus pneumoniae* - was isoleted and identified in 33 cases.

Results: in all 33 patients with identified etiological pathogen the clinical response was favorable (32 cured and 1 improved) as was the bacteriological response – bacteriological eradication. In 4 patients the pathogen could not be isolated , therefore they were evaluated only by means of clinical respons. In 3 cases out of these 4, clinical cure was noted. In one patients the symptoms persisted after the treatment, therefore it was noted as failure.

Conclusion: Thge results of this study showed that 3 days dosing regimen with azithromycin is higly efficient in tratment of acute pneumonia patients.

P53. ACTIVITATEA ÎN VITRO A AZITROMICINEI ŞI A ALTOR MACROLIDE ASUPRA UNOR IZOLATE DE STAPHYLOCOCCUS SPP.

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Azitromicina, inclusă în subclasa azalide, realizează un timp de înjumătăţire mai mare decât al eritromicinei şi

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concentrații tisulare care persistă mai multe zile, astfel încât este posibilă administrarea la interval de 24 ore.
Obiectiv: Tulpini bacteriene: 220 tulpini din care 110 izolate comunitare și 110 izolate obținute de la pacienți spitalizați. Agenți antimicrobieni, Azitromicina a fost furnizată de firma PLIVA (Croația); celelalte macrolide provin tot din surse comerciale. Concentrațiile minime inhibitorii (CMI) au fost determinate prin metoda diluțiilor în agar.
Rezultatele sunt prezentate ca valori ale CMI 90 (g/ml) și procente de rezistență (%R).

Tulpini	Azitro-micina		Eritro-micina		Claritro-micina		Roxitro-micina	
	CM 90	%R	CM 90	%R	CM 90	%R	CM 90	%R
S.aureus (17) (izolate comunitare)	0,5	0	1	23,6	1	11,8	4	17,6
S.aureus (81) (izolate clinice)	2	1,3	8	39,6	16	24,7	16	21
Stafilococi coagulazo-negativi (93) (izolate comunitare)	4	19,4	4	28	16	29	16	28
Stafilococi coagulazo-negativi (29) (izolate clinice)	1	0	1	27,6	1	6,1	1	6,9

Concluzii. Activitatea azitromicinei asupra stafilococilor investigați este superioară comparativ cu celelalte macrolide testate. Spectrul de activitate, procentele mici de rezistență, proprietățile farmacocinetice indică eficiența azitromicinei în infecțiile cauzate de stafilococi.

P53. IN VITRO ACTIVITY OF AZITHROMYCIN AND OTHER MACROLIDES AGAINST STAPHYLOCOCCUS SPP. ISOLATES

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Azithromycin is semi-synthetic new oral macroide, which has the half-life much longer than that of erythromycin and its tissue concentrations persists for several days, so that once daily dosing is possible.
Objectives: This study was initiated to compare the in vitro activity of azithromycin with that of erythromycin. roxithromycin and clarithromycin against staphylococci isolates.
Material and methods: Bacterial strains: 110 communitarian isolates (comm. i.) and 110 clinical (din. i.) isolates obtained from hospitalized patients. Antimicrobial agents. Azithromycin was provided by PLIVA (Croatia); all other agents were supplied by the respective manufacturers. Minimum inhibitory concentration (MIC) was measured by agar dilution method.
Results are presented as MIC9O values (µg/ml) and percent of resistance:

Strains	Azitro-micina		Eritro-micina		Claritro-micina		Roxitro-micina	
	CM 90	%R	CM 90	%R	CM 90	%R	CM 90	%R
S.aureus (17) (izolate comunitare)	0,5	0	1	23,6	1	11,8	4	17,6
S.aureus (81) (izolate clinice)	2	1,3	8	39,6	16	24,7	16	21
Stafilococi coagulazo-negativi (93) (izolate comunitare)	4	19,4	4	28	16	29	16	28
Stafilococi coagulazo-negativi (29) (izolate clinice)	1	0	1	27,6	1	6,1	1	6,9

Conclusions. The activity of azithromycin against staphylococci is greater than that of other tested macrolides. The spectrum of activity, the low number of resistant isolates, the advantages of pharmacokinetic properties make azithromycina preferable agent against staphylococci.

P54. EFICIENȚA ȘI SIGURANȚA TRATAMENTULUI DE 3 ZILE CU AZITROMICINĂ ÎN INFECȚIILE CĂILOR RESPIRATORII INFERIOARE LA ADULT

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Obiective: evaluarea eficienței clinice a Azitromicinei (SUMAMED) în terapia infecțiilor căilor respiratorii inferioare la adult; aprecierea tolerabilității SUMAMED.
Material și metodă: Este un studiu clinic de gradul IV, deschis non-comparativ - desfășurat pe 30 de pacienți adulți internați în perioada 01.01-31.03.2000 cu vârsta între 18 și 73 de ani, internați după o medie de 5,63 de zile de la debutul simptomatologiei. Diagnosticul de pneumonie a fost pus pe baza simptomatologiei clinice, modificărilor auscultatorii și examenului radiologic. Tratamentul a fost efectuat cu SUMAMED, 500 mg doză unică zilnică, timp de trei zile.
Pentru evaluarea eficienței clinice s-a urmărit evoluția semnelor și simptomelor de boală, în zilele 4, 10 și 30 de la instituirea tratamentului.
Eficiența bacteriologică s-a evaluat prin examen bacteriologic al sputei la internare și după caz în zilele 4 și 10 de la inițierea tratamentului.
La fiecare vizită de control s-a urmărit apariția reacțiilor adverse legate de tratament.
Toți pacienții reținuți în lot au avut confirmare radiologică. Tratamentul a fost administrat conform protocolului, într-o schemă minimală de 500 mg SUMAMED 3 zile consecutiv, cu controlul clinic și bacteriologic la încheierea tratamentului și controlul

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clinic, radiologic, hematologic şi eventual bacteriologic la 1 săptămână şi la 3 săptămâni după tratament.
Rezultate: Vârsta medie a pacienţilor incluşi în studiu a fost de 38.2 ani. Evoluţia clinică a fost spectaculoasă. La 24 de ore de la încheierea tratamentului, febra a fost consemnată doar la 2 din 28 de pacienţi, junghiul inspirator, dispneea, tusea şi expectoraţia au diminuat cu peste 50%, focarele crepitante au dispărut la 20 din cei 26 de pacienţi. Scorul clinic a scăzut de la o medie de 6,46 înainte de tratament la o medie de 2,46 în ziua 4-a şi 0,53 după încă o săptămână. Imaginea radiologică la o săptămână după tratament confirmă regresie totală la 11 pacienţi şi parţială la 16 pacienţi; 1 bolnav a demonstrat apariţia pe parcurs a unei supuraţii (cu altă localizare, imaginea pneumonică iniţială fiind în regresie netă), iar 2 au refuzat iradierea. Bacteriologic, înainte de tratament au fost izolate 10 tulpini de pneumococ (toate sensibile la azitromicină) 1 Haemophilus, 5 stafilococi patogeni (1 rezistent la azitromicină) 5 enterobacter şi multă floră de contaminare (în 16 cazuri) uneori în asociere. După tratament s-au mai izolat 1 stafilococ, 3 pneumococi (de la pacienţi care nu demonstraseră prezenţa lor înainte) toţi cu sensibilitate foarte bună (?) şi 17 cazuri de floră de contaminare mixtă, care nu a fost cercetată din punctul de vedere al sensibilităţii la Sumamed. Tolerabilitatea produsului a fost perfectă, nu s-au înregistrat efecte adverse.
Concluzii: SUMAMED face dovada unei eficienţe şi tolerabilităţi foarte bune în schema de 3 zile a 500 mg/zi, terapie recomandabilă pentru cazurile cazurile medii şi uşoare de pneumonii comunitare. Durata scurtă a regimului de administrare duce la scăderea duratei de spitalizare şi a costurilor indirecte.

P54. EFFICACY AND TOLERABILITY OF 3 DAYS SUMAMED IN ADULTS WITH LOWER RESPIRATORY TRACT INFECTIONS

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Objectives: to assess the efficacy and safety of 3 days dosing regimen of SUMAMED in adults with lower respiratory tract infections.
Methods: Open, non-comparative faze IV study that includes 30 adult patients, aged 18 to 73 years, who were admitted in hospital in 5.63 days after the onset of symptoms, during 01.01-30.03.2000. Diagnostic of pneumonia was based on clinical symptoms , changes of pulmonary sounds and radiological examination. The patients were administrated 500 mg SUMAMED daily, for 3 days. Efficacy assessment was based on clinical, radiological, bacteriological and hematological tests that were performed at baseline and 10-12 days after the treatment initiation.
At each visit the assessment of treatment related adverse reaction was performed.
Results: The included patients' mean age was 38.2 years. The clinical evolution was very good: at 24 hours after the treatment, only 2 patients still had fever; thoracic pain, dispneea, cough and productive cough diminished with 50%; 20 patients were free of crepitant rals. Average clinical score decreased from 6.46 at baseline to 2.46 on day 4 and to 0.53 after one week. Control radiography at day 10 confirmed total regression in 11 patients and partial regression in 16 patients. 2 patients refused radiological control. Before treatment 10 strains of *S. pneumoniaea* were isolated (all azithromycin susceptible), 1 *H. influenzae*, 5 staphylococcus, 5 enterobacter and in 16 cases associated pathogens including contamination flora. After SUMAMED treatment 1 staphylococus strain and 3 pneomococcus strains were isolated (in patients who did not presented those strains at baseline) all susceptible to azithromycin, and 17 strains of mixed flora- not tested for SUMAMED susceptibility. No adverse effects were noted.
Conclusion: SUMAMED, 3 day dosing regimen, showed very good clinical efficacy and tolerability in patients with mild and moderate cases of community acquired pneumonia. Due to the short dosing regimen the duration of hospital admittance and all implied indirect costs decrease. Sumamed is recommendable as "first choice" therapy in empirical treatment of outpatients with CAP.

P55. AZITROMICINA – ALTERNATIVĂ ÎN TRATAMENTUL DE PRIMĂ INTENŢIE AL PNEUMONIEI ACUTE COMUNITARE

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Obiectiv: evaluarea eficienţei şi a toleranţei tratamentului de 3 zile cu Azitromicină la pacienţi cu pneumonie acută comunitară cu grad mediu şi moderat de severitate.
Material şi metodă: Au fost incluşi în acest studiu 30 de pacienţi cu vârste cuprinse între 18 şi 65 de ani cu pneumonie comunitară cu grad mediu şi moderat de severitate. Nu au fost incluşi pacienţii gravi.
Criterii de selectare:1) pacienţi cu risc crescut de infecţie respiratorie comunitară: fumat; patologie pulmonară coexistentă (BPOC, astm bronşic, sindrom posttuberculos, bronşiectazii); imunodepresie (corticoterapie); infecţii ale tractului respirator inferior (bronşită acută, exacerbarea acută a bronşitei cronice, pneumonie) cu antibioticoterapie "aleatorie" ambulatorie eficientă; 2) criterii clinice de afectare a tractului respirator inferior; 3) criterii radiologice sugestive pentru pneumonie.
Evaluările clinice au fost făcute în zilele 1, 4-5, 10-13 pentru febră, tuse, expectoraţie, dispnee, raluri, simptome

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legate de starea generală. Acestea au fost eşalonate ca absente, medii, moderate. Pentru zilele 1 şi 10-13 au fost efectuate investigaţii paraclinice: hemogramă, biochimie, serologie, radiografie pulmonară standard, examen bacteriologic al sputei. Evaluarea efectelor adverse a fost făcută la vizitele 2, 3 (în zilele 4-5 şi 10-13). Cea mai importantă variabilă a eficienţei a fost evaluarea clinică. Rezultate: În 50% din cazuri s-au identificat ca agenţi etiologici: Streptococcus pneumoniae, Haemophilus influenzae. Alţi agenţi: Klebisella Oxytoca (5 cazuri), Mycoplasma şi Chlamidia (serologie pozitivă) în 5 cazuri. La vizita 3 răspunsul clinic (vindecare şi ameliorare) a fost observat în 27 de cazuri (92,5%), iar răspunsul radiologic a fost de 72,5% (21 de cazuri). Răspunsul microbiologic nu a fost evaluat. Efectele adverse au fost semnalate la 1 pacient (dispepsie). Complianţa la azitromicină a fost de 100%. Concluzii: Azitromicina administrată o dată pe zi, 3 zile este eficientă în tratamentul pacienţilor cu pneumonie acută comunitară, în contextul concret al practicii legat de fenomenul rezistenţei (plurirezistenţei) bacteriene la antibiotice. Azitromicina are avantajul unei complianţe superioare şi a unei toleranţe bune fiind o alternativă sigură pentru terapia de "prima intenţie" a infecţiilor tractului respirator inferior.

P55. AZITHROMYCINUM - AN ALTERNATIVE IN THE "FIRST CHOICE" TREATMENT OF COMMUNITARIAN ACQUIRED PNEUMONIA (CAP)

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Objective: assessment of the efficiency and tolerability of the 3 days treatment with azithromycin in patients with communitarian acquired pneumonia with medium and moderate level of severity.
Material and method: 30 patients were included aged 18 - 65 years with communitarian acquired pneumonia with medium and moderate level of severity. Severe cases were not included.
Inclusion criteria: 1) infections of the lower respiratory tract (acute bronchitis, acute exacerbation of the chronic bronchitis, pneumonia); 2) signs and symptoms of lower respiratory tract infections; 3) radiological criteria suggestive for pneumonia.
Exclusion criteria: patients with high risks of community acquired respiratory infection: smoking; co-existent pulmonary pathology (CPBD, asthma, post-tuberculosis syndrome, bronchectasia); immunodepression (cortico-therapy);
Clinical evaluations were made at days:1, 4-5, 10-13 for fever, cough, expectoration, dispnoea, pulmonary sounds, general status. These were ranked as absent, medium and moderated. At days 1 and 10-13 laboratory tests were performed: blood test, biochemical tests, serology, standard pulmonary radiography, bacteriological exam of sputum. The assessment of the side effects was done at days 4-5 and 10-13.
The most important variable to mesure efficiency was the clinical examination.
Results: In 50% of cases were identified as etiological agents: Streptococcus pneumoniae, Haemophylus influenze. Other agents: Klebsiella Oxytoca (5 cases), Mycoplasma and Chlamydia (positive serology) in 5 caases. At the third visit the clinical response (cure and improvement) was noticed in 27 cases (92,5 %) and the radiological exam was performed in 72,5 % of cases (21 parients). Microbiological response wasn't assessed. The side effects were pointed out for 1 patient (dyspepsia). The compliance for azithromycine was 100 %.
Conclusions. Azithromycin administrated once per day, 3 days, is highly efficient in the treatment of communitarian acute pneumonia patients, in the practice connected with the phenomenon of the bacterial resistance (multi-resistance) to antibiotic treatment. Azythromycine, with the advantage of superior compliance and good tolerability, represents an efficient alternative in the "first choice " therapy of lower respiratory tract infections.

P56. SENSIBILITATEA LA ANTIBIOTICE A TULPINILOR DE STAPHYLOCOCCUS AUREUS IZOLATE DIN INFECŢII PLEURO-PULMONARE

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În intervalul 3.01-29.12.2000 am izolat 30 tulpini de S. aureus. Produsele din care provin izolatele sunt: 6 spute (20%); 2 aspirate bronşice (6,6%); 11 lichide pleurale (36,6%); 9 secreţii din plăgi postoperatorii (30%); 1 lavaj bronhoalveolar (3,3%) şi 1 lichid de chist hidatic suprainfectat (3,3%). Dintre acestea 17 produse (56,6%) provin din serviciul de chirurgie, 9 produse (30%) din pneumologie, 3 produse (10%) din A.T.I. şi 1 produs (3,3%) din ambulator. Testarea sensibilităţii la antibiotice a fost făcută difuzimetric şi rezultatele sunt următoarele: 70% tulpini sunt rezistente la penicilină, 20% la gentamicină, 33,3% la oxacilină, 63,4% la tetraciclină, 6,7% la tobramicină, 26,7% la rifampicină, 36,6% la eritromicină, 30% la lincomicină, 13,4% la cloramfenicol, 36,7% la kanamicină şi 26,7% la co-trimoxazol. Cu excepţia ciprofloxacinei, majoritatea tulpinilor rezistente provin din serviciul de chirurgie.

P56. DRUG SUSCEPTIBILITY OF STAPHYLOCOCCUS AUREUS STRAINS ISOLATED FROM PLEUROPULMONARY INFECTIONS

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During 3.01–29.12.2000 we isolated 30 strains of S. aureus. The specimens were: 6 sputum (20%);

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2 bronchial aspirates (6,6%); 11 pleural fluids (36,6%); 9 surgical wounds secretions (30%), 1 bronchoalveolar lavage (3,3%) and 1 hidatic cyist fluid (3,3%). The specimens location was: 17 (56,6%) from surgery; 9 (30%) from pneumology; 3 (10%) from Intensive Care Unit and 1 (3,3%) from ambulatory. The susceptibility testing was done difusimetrically and the results are the following: 70% strains are resistant to penicillin, 33,3% to oxacillin, 63,4% to tetracycline, 6,7% to tobramycine, 20% to gentamycin, 26,7% to rifampin, 36,6% to erithromycin, 30% to lyncomycin, 13,4% to chloramphenicol, 36,7% to kanamycin and 26,7% to trimethoprim/sulfomethoxazole. Excepting ciprofloxacin, the majority of the resistant strains bellongs to the surgery department.

P57. AZITROMICINA ÎN TRATAMENTUL PNEUMONIEI COMUNITARE ACUTE

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Introducere. Pneumonia comunitară acută este o infecţie cauzată de diferiţi agenţi patogeni. Pneumonia tipică este de regulă produsă de S. pneumoniae, dar recunoaşte şi alţi agenţi etiologici cum ar fi H. influenzae sau etiologie mixtă patogeni aerobi şi anaerobi componenţi ai florei bucale. Pneumonia atipică este de regulă cauzată de M. pneumoniae, dar pot interveni şi alte microorganisme. Tratamentul constă în suport al funcţiilor respiratorii şi antibioterapie, care se alege de cele mai multe ori pe criterii empirice.

Obiective: Evaluarea eficacităţii azitromicinei (SUMAMED) în tratamentul pneumoniei comunitare acute.

Metode: studiu deschis noncomparativ incluzând 100 de pacienţi adulţi, cu vârsta peste 18 ani, cu semne şi simptome de pneumonie, confirmată radiologic, care au fost internaţi în clinica noastră începând cu Februarie 2001. Tratament: azitromicin (SUMAMED PLIVA d.d.) 500 mg doză unică zilnică, timp de 3 zile. Eficacitatea s-a evaluat pe baza examenului clinic, radiologic, bacteriologic şi al testelor hematologice. Evaluarea pacienţilor s-a efectuat înaintea instituirii tratamentului, în zilele 4, 10-12 şi 30 după începerea terapiei cu SUMAMED. La fiecare examinare s-au urmărit şi înregistrat efectele adverse legate de tratamentul cu azitromicină.

Rezultate: Evoluţia clinică a pacienţilor a fost foarte bună sub tratamentul cu azitromicină; la includerea în studiu, examenul bacteriologic a evidenţiat, ca agenţi etiologici, prezenţa atât a germenilor tipici cât şi atipici. Testele bacteriologice de control, atunci când a fost posibilă efectuarea lor, au indicat eradicarea bacteriologică a agentului cauzal. Sumamed a fost foarte bine tolerat de către pacienţi.

Concluzii: SUMAMED, 500 mg/zi p.o., timp de 3 zile demonstrează eficienţă clinică şi tolerabilitate foarte bună în tratamentul pacienţilor cu pneumonie comunitară acută. Regimul convenabil de dozare, o dată pe zi, şi durata scurtă de administrare - numai 3 zile - asigură complianţa la tratament şi o reducere a costului total al tratamentului.

P57. AZITHROMYCIN IN THE TREATMENT OF COMMUNITY ACQUIRED PNEUMONIA

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Introduction. Community acquired pneumonia is an acute infection caused by different microorganisms in normal hosts and in community setting. The typical pneumonia syndrome is usually caused by S. pneumoniae, but can also be due to other bacterial pathogens as H. influenzae and mixed anaerobic and aerobic components of the oral flora. Atypical pneumonia is classically produced by M. pneumoniae but can also be caused by other microorganisms. Treatment consists of respiratory support and antibiotics, which are usually selected on empirical basis.

Objectives: to assess the efficacy of azithromycin (SUMAMED) in community acquired pneumonia treatment.

Methods: open noncomparative study that includes 100 adult patients, aged over 18 years with symptoms of pneumonia, confirmed by chest X-ray, admitted into the hospital starting with February 2001.

Treatment: azithromycin (SUMAMED PLIVA d.d.) 500 mg single oral dose daily for 3 days. Efficacy was assessed by clinical examination, radiological, bacteriological and hematological tests. Patients were evaluated before treatment initiation and at days 4, 10-12 and 30 after the start of azithromycin treatment. At each visit adverse events were recorded.

Results: Patients exhibited very good clinical evolution with azithromycin treatment; bacteriological tests at baseline revealed infection with both typical and atypical pathogens for pneumonia. Control tests, when performed, showed bacteriological eradication. Azithromycin was very well tolerated.

Conclusion: SUMAMED, 500 mg/day orally, for 3 days has very good clinical efficacy and tolerability in patients with community acquired pneumonia. The short dosing regimen assures very good compliance to treatment and overall treatment cost reduction.

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P58. INDICANUL URINAR ÎN AFECŢIUNI PULMONARE

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Introducere: Indicanul este eliminat din organism prin urină, în urma procesului de dezaminare bacteriană şi decarboxilare a triptofanului.
Obiectiv: Determinarea cantitativă a indicanului în urina din 24 ore la pacienţii cu afecţiuni respiratorii.
Metodă: Au fost luaţi în studiu un număr de 100 pacienţi, împărţiţi în trei loturi:
I. 30 pacienţi cu supuraţii bronhopulmonare;
II. 35 pacienţi cu tuberculoză activă (BK+++);
III. 30 pacienţi cu neoplasm bronhopulmonar.
Pacienţii au fost diagnosticaţi clinic, radiologic şi biologic.
Rezultate: Valori crescute ale indicanului urinar s-au întâlnit la 40% din pacienţii incluşi în primul lot. La pacienţii cuprinşi în lotul II şi III s-au înregistrat valori normale sau uşor crescute.
Concluzii: Indicanul este sensibil crescut în urina pacienţilor cu supuraţii bronho-pulmonare.

P58. URINARY INDICAN IN PULMONARY DISEASES

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Introduction: Indican is eliminated from the body through urine, following bacterial desamination and decarboxilation of triptophan.
Objective: The aim of the study is the quantitative determination of indican in 24 hours urine from patients with respiratory diseases.
Method: One hundred patients were studied. They were included in three groups as follows:
I.30 patients with lung abscesses;
II.35 patients with active tuberculosis (positive sputum smears for AFB);
III.30 patients with bronchogenic carcinoma.
For each patient the diagnosis was established on clinical, radiological and biological criteria.
Results: High levels of urinary indican were found in 40% of the patients included in the first group. The patients from groups II and III had normal or slightly elevated values of the urinary indican.
Conclusions: Urinary indican is significantly increased in patients with lung abscesses.

P59. FENOTIPURI DE REZISTENŢĂ A BACILILOR GRAM NEGATIVI IZOLAŢI DIN INFECŢII DE TRACT RESPIRATOR INFERIOR

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Ne-am propus să analizăm sensibilitatea la antibiotice a bacililor gram-negativi (BGN) izolaţi de la bolnavi cu infecţii de tract respirator inferior, în perioada 1.05 - 31.10.2001. Am analizat rezultatele antibiogramelor a 220 BGN izolaţi din 146 spute şi 47 aspirate bronşice. Testarea sensibilităţii s-a făăcut prin tehnica difuzimetrică, la antibiotice din clasele: β-lactamine şi compuşi cu inhibitori de β-lactamaza, aminoglicozide, quinolone, tetracicline, sulfamide. Frecvenţa speciilor izolate este: Escherichia coli - 34,09%, Klebsiella spp. - 17,72%, Pseudomonas aeruginosa - 9,54%, Enterobacter spp. - 7,72%, Acinetobacter lwoffi - 5,45%, Alcaligenes spp. - 5%, Proteus spp. - 3,63%, Escherichia coli inactiv - 3,63%, Acinetobacter spp. - 3,63%, Serratia spp. - 3,18%, Escherichia fergusonii - 2,72%, Citrobacter spp. - 1,36%, alte specii - 2,33%. Din 166 tulpini Enterobacteriaceae am obţinut: 53,61% sensibilitate la ampicilină, 31,92% rezistenţă la ampicilină prin β-lactamază, 11,44% tulpini cu β-lactamază cu spectru extins şi 1,80% tulpini cu β-lactamază inductibilă. Din 54 tulpini BGN glucoză-nefermentativi, 18,51% sunt sensibile la ampicilină, 24,07% au rezistenţă la ampicilină prin β-lactamază şi 16,66% sunt tulpini cu β-lactamază inductibilă. Remarcăm izolarea de BGN cu fenotipuri de multi-rezistenţă în proporţie de 18,63 % dintre ei în infecţii ale tractului respirator inferior.

P59. RESISTANCE PHENOTYPES OF GRAM NEGATIVE RODS ISOLATED FROM LOW RESPIRATORY TRACT INFECTIONS

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We intended to assess the antibiotic susceptibility of the gram negative rods (GNR) isolated from patients with low respiratory tract infections between: 1.05-31.10.2001. We assess the results of the susceptibility testing for 220 GNR isolated from 146 sputa and 47 bronchial aspirates. The disk diffusion susceptibility tests used included drugs from the following groups: β-lactamine and β-lactamase inhibitor combinations, aminoglycosides, quinolones, tetracyclines, sulphamides. The frequency of the isolated species is: Escherichia coli - 34.09%, Klebsiella spp. - 17.72%, Pseudomonas aeruginosa - 9.54%, Enterobacter spp. - 7.72%, Acinetobacter lwoffi - 5.45%, Alcaligenes spp. - 5%, Proteus spp - 3.63%, inactive Escherichia coli - 3.63%, Acinetobacter spp. - 3.63%, Serratia spp. - 3.18%, Escherichia fergusonii - 2.72%, Citrobacter spp. - 1.36%,

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other species - 2.33%. From 166 Enterobacteriaceae strains we obtained: 53.61% ampicillin susceptible strains, 31.92% β-lactamase ampicillin resistant strains, 11.44% extended spectrum β-lactamase strains (ESBL) and 1.80% inducible β-lactamase strains. From 54 glucose-nonfermentative GNR strains we obtained: 18.51% ampicillin susceptible strains, 24.07% β-lactamase ampicillin resistant strains, 16.66% inducible β-lactamase strains. Among the GNR isolated from low respiratory tract infections we notify 18.63% of them with multiple drug resistant phenotypes.

P60. ASPERGILOZA PULMONARĂ INVAZIVĂ – UN DIAGNOSTIC POSIBIL SUBESTIMAT

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În lucrare se face analiza retrospectivă a trei cazuri de Aspergiloză pulmonară invazivă (API), observate în perioada 1998-2000, pentru a sublinia dificultăţile de diagnostic în această afecţiune. Pacienţii au fost bărbaţi, cu vârste de 51, 44 respectiv 61 ani, HIV negativ, dar având o patologie de fond cu potenţial imunosupresor. În cazul 1, la un pacient cu antecedente de tuberculoză pulmonară, diagnosticul a fost suspectat clinic, imagistic şi bronhologic. Confirmarea s-a făcut postoperator, prin examenul piesei de rezecţie pulmonară. În cazurile 2 şi 3, pe fondul de adenocarcinom gastric polimetastazat, respectiv leucemie limfatică cronică stadiul IV, evoluţia clinică a fost rapidă spre deces. Confirmarea invaziei tisulare s-a obţinut prin necropsie. În toate cazurile Aspergillus species a fost identificat, în culturi, din spută. Gravitatea deosebită a API impune stabilirea rapidă a diagnosticului şi o intervenţie terapeutică imediată. O probabilă creştere a incidenţei acestei afecţiuni trebuie avută în vedere şi în ţara noastră, odată cu dezvoltarea chirurgiei de transplant şi prelungirea duratei de supravieţuire în afecţiuni ce implică terapie imunosupresoare.

P60. INVASIVE PULMONARY ASPERGILLOSIS-A POSIBLE UNDERESTIMATED DIAGNOSIS

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In order to point out the difficulties in diagnosis of invasive pulmonary aspergillosis (API), we present the retrospective analysis of suchlike three cases followed between 1998-2000. Patients were male, HIV negative, 51, 44 and 61 years old, all of them suffering from an immunosuppressive disease. The first case was a patient with a history of pulmonary tuberculosis. We suspected API after clinical, radiological and bronchoscopical investigations. Confirmation of the diagnosis was histological, after surgical pulmonary resection. The second and the third cases were patients with gastric adenocarcinoma and chronic lymphatic leuchaemia, and the evolutions were rapidly to death. The pluriorganic tissues invasion with Aspergillus species was demonstrated by necropsy. In all cases Aspergillus sp. was identified from sputum on cultures. The authors consider that the probability of API should be reconsidered in our country. An early diagnosis is essential because of high gravity of this disease.

P61. LOCALIZAREA PULMONARĂ ÎN INFECŢIILE MICOTICE DISEMINATE

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Introducere: Micozele diseminate sunt mai frecvente în ultimele decade datorită extinderii tratamentelor imunosupresoare şi a numărului de pacienţi cu deficite imunitare.
Obiectiv: Prezentarea localizării pulmonare în micozele sistemice (primară sau metastatică).
Participanţi: Sunt prezentaţi 6 pacienţi cu infecţii micotice visceralizate:
- 2 sugari cu candidemie şi candidoză pulmonară, de la vârsta de 6 luni (T.A., f) şi 9 luni (F.R., m), cu imunodepresie. În primul caz, hipogamaglobulinemia tranzitorie a sugarului a fost accentuată de o boală diareică trenantă, iar în al doilea caz imunodepresia era legată de o infecţie perinatală cu CMV.
- 1 fetiţă de 10 ani cu HIV-SIDA la care criptococoza pulmonară a fost punctul de diseminare cu localizare cutanată şi meningoencefalitică.
- 1 adult de 41 ani, cu pneumonie mixtă pneumococică şi criptococozică, bacteria şi fungul fiind izolate din spute, lavajul bronhoalveolar şi hemoculturi.
- 2 adulţi cu pneumonii candidozice, unul cu serologie pozitivă (IgG anti-candida 1/960) iar altul cu confirmare necroptică.
Toate cazurile au urmat tratament antimicotic (fluconazol). S-au înregistrat 2 decese: fetiţa cu criptococoză (infecţie terminală din SIDA) şi pacientul cu pneumonie candidozică complicată cu SDRAA.
Concluzii: În arealul nostru geografic micozele pulmonare sunt destul de rare dar ridică probleme de diagnostic şi tratament.

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P61. PULMONARY DETERMINATION IN DISSEMINATE MYCOTIC INFECTIONS

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Introduction: Disseminated mycoses have higher frequency in the last decades due to the increase of immunosuppressive treatments and patients with immune deficits.
Objective: To present the pulmonary determination in systemic mycoses, which can be primary or secondary.
Participants: We present 6 cases with visceral mycosis:
- 2 infants, of 6 month (T.A., f), and 9 month (F. R., m) old, with immunodeficiency and candidemia and pulmonary determination.
- 1 girl, 10 years old, with HIV-AIDS infection where the pulmonary cryptococcosis was the point of departures for the cutaneous and meningoencephalitic determination.
- 1 adult, 41 years old, male, with mixed pneumonia with Pneumococcus and Cryptococcus, where the bacteria and the fungus were isolated both from sputum, bronchioloalveolar lavage and from blood cultures.
- 2 adults with Candida pneumonia, one with positive sputum cultures and serology (IgG antiCandida 1/960) and the other was confirmed by necropsy exam.
All the cases received antifungal treatment (diflucan). 2 of the patients died: the girl with Cryptococcus infection and terminal AIDS and the patient with Candida pneumonia complicated with ARDS.
Conclusions: In our geographic zone the pulmonary mycosis are rather rare but there are problems in their diagnosis and treatment.

P62. REZISTENȚA LA ANTIBIOTICE A TULPINILOR DE STREPTOCOCCUS PNEUMOMIAE ȘI HAEMOPHILUS INFLUENZAE IZOLATE DE LA PACIENȚI CU INFECȚII DE TRACT RESPIRATOR SUPERIOR ȘI INFERIOR ÎN ROMÂNIA

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Introducere: Streptococcus pneumoniae (Sp) și Haemophilus influenzae (Hi), cei mai frecvenți germeni izolați din infecțiile comunitare de tract respirator superior și inferior, s-au dovedit a avea o rezistență crescută la antibiotice.
Obiective: stabilirea și monitorizarea tendinței de instalare a rezistenței la antibiotice a tulpinilor de Sp și Hi izolate de la pacienți cu infecții comunitare de tract superior și inferior.

Metode: Izolarea în culturi a Sp și Hi, provenind din specimene (în special spută) recoltate de la pacienți cu pneumonii comunitare, exacerbări BPOC, otite și sinuzite pe parcursul a trei ani consecutivi (1999, 2000, 2001) în 9 centre din Romania. S-a testat sensibilitatea la 11 dintre cele mai folosite antibiotice în practica curentă.
Rezultate: Au fost izolate 94 tulpini de Sp și 95 tulpini de Hi în 2001, respectiv 91 tulpini de Sp și 74 tulpini de Hi în 2000 și 11 tulpini de Sp și 97 tulpini de Hi în 1999. Rata rezistenței la antibiotice este arătată în tabel.

	Sp	Sp	Sp	H.influenzae	H.influenzae
	Penicilină	Penicilină	Eritromicină	Ampicilină	Amoxi/ clavulanat
	Rezistență	Sensibiltate Intermediară	Rezistență	Rezistență	Rezistență
1999	11.8%	40.0%	38.7%	16.5%	2.1%
2000	18.8%	51.1%	43.8%	10.8%	1.3%
2001	12.8%	42.5%	35.1%	12.7%	1.1%

Alte rezistențe la antibiotice au fost observate.
Concluzii: Am găsit o rezistență relativ mare a Sp și Hi la cele mai folosite antibiotice în România. Aceste date pot fi considerate ca un program național de supraveghere bacteriologică.
Sponsorizat de Fundația Medicală SmithKline Beecham, România.

P62. ANTIBIOTIC RESISTANCE OF STREPTOCOCCUS PNEUMONIAE AND HAEMOPHILUS INFLUENTZAE STRAINS ISOLATED FROM COMMUNITY-ACQUIRED INFERIOR AND UPPER RESPIRATORY TRACT INFECTIONS IN ROMANIA

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Background: Streptococcus pneumoniae (Sp) and Haemophilus influenzae (Hi) are frequent pathogens isolated from community-acquired inferior and upper respiratory tract infections, that have been shown to have increasing rates of antibiotic resistance.
Objective: to assess the rate and to monitor the trend of antibiotic resistance of Sp and Hi isolated from community-acquired inferior and upper respiratory tract infections.
Methods. In three consecutive years (1999,2000,2001), samples (mainly sputum) from consecutive pneumonia, acutely exacerbated COPD, otitis and sinusitis patients from nine centers across Romania, were cultured for Sp and Hi. Sensibility testing to 11 most used antibiotics in clinical practice was performed.
Results. Were isolated 111 Sp and 97 Hi strains (in 1999), respectively 91 Sp and 74 Hi strains in 2000 and 94 Sp and 95Hi in 2001.

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The rates of resistance are shown in the table.

	S.pneumo-niae	S.pneumo-niae	S.pneumo-niae	H.influenzae	H.influenzae
	Penicillin	Penicillin	Erythro-micin	Ampicillin	Amoxy/ clavulate
	Resistance	Intermediate	Resistance	Resistance	Resistance
1999	11.8%	40.0%	38.7%	16.5%	2.1%
2000	18.8%	51.1%	43.8%	10.8%	1.3%
2001	12.8%	42.5%	35.1%	12.7%	1.1%

Other antibiotic resistances were also observed.
Conclusion: We found a relatively high rate of resistance of Sp and Hi to commonly used antibiotics in Romania and this data may be considered like a national bacterilogical survey program.
Funded by: SmithKline Beecham Medical Foundation, Romania.

P63. DETERMINĂRI PLEURO-PULMONARE ÎN INFECȚIA CU TOXOCARA CANIS; ASPECTE CLINICO-RADIOLOGICE

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Creșterea incidenței infecției cu toxocara canis este actual universal acceptată. Formele pauci- sau asimptomatice ale bolii sunt de obicei regulă. Apariția simptomatologiei clinice și a determinărilor pulmonare la subiectul imunocompetent este direct proporțională cu mărimea inoculului sau cu persistența reinfestărilor.
Scopul acestei lucrări a fost prezentarea principalelor manifestări clinice și radiologice întâlnite la 12 pacienți (10 femei și 2 bărbați) depistați cu eozinofilie pulmonară sau pleurală și la care diagnosticul etiologic final a fost de toxocaroză (test ELISA intens pozitiv pentru Toxocara canis). Diagnosticul a fost susținut și de prezența eozinofiliei periferice. Pacienții prezentau tuse chinuitoare cu expectorație mucopurulentă redusă, dispnee, dureri toracice difuze și febră. Tabloul auscultător a fost sărac iar tabloul funcțional respirator în general nemodificat. Majoritatea pacienților au prezentat un context epidemiologic sugestiv (contact cu animale de casă – câini, pisici). Aspectul radiologic a fost de tip bronhopneumonic (1 caz), pneumonic (2 cazuri), infiltrat interstițial difuz bilateral (4 cazuri), infiltrat Löffler (3 cazuri) și pleurezie (2 cazuri).
În toate situațiile evoluția cazurilor a fost favorabilă (uneori chiar spontan), obținându-se în final, după tratament, vindecarea și negativarea testului ELISA. În ultimii ani acest gen de infecție este depistat mult mai frecvent și în România.

P63. PLEURO – PULMONARY MANIFESTATIONS IN TOXOCARA CANIS INFECTION; CLINICAL AND RADIOLOGICAL FEATURES

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The increase of the incidence of toxocara canis infection is today universally accepted. Pauci or asymptomatic infection is common. The presence of clinical symptomatology and of pulmonary manifestations in the immunocompetent subject is directly related to increased concentration of organisms or to persistent reinfections. The aim of this study was to present the main clinical and radiological features met in 12 subjects (10 women and 2 men) detected with pulmonary or pleural eosinophilia and whose final etiologic diagnosis was toxocarosis (ELISA for Toxocara Canis intense positive). The diagnosis was sustained by the presence of blood eosinophilia. The patients also presented persistent cough with reduced muco-purulent sputum, dyspnea, chest pain and fever. At the lung examination there were few elements and the pulmonary function tests were generally normal. Most of the patients had sugestive epidemiological conditions for the disease (contact with pets – dogs, cats). The radiologic pattern was bronchopneumonic (1 case), pneumonic (2 cases), difuse bilateral interstitial infiltration (4 cases), Löffler infiltrates (3 cases) and pleurisy (2 cases).
In all the cases the evolution was good (in some cases the disease regressed spontaneously). After the treatment clinical resolution and ELISA test negativation were achieved.
In the last period this kind of infection is frequently detected in Romania.

P64. OBSERVAȚII ASUPRA FUNCȚIEI VENTILATORII ȘI A ATITUDINII FAȚĂ DE SEVRAJUL TABAGIC LA FUMĂTORI ASIMPTOMATICI

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Au fost luați în studiu 50 adulți fumători veniți pentru examenul periodic. Criterii de includere: fumători, vârsta între 18 și 65 ani, fără simptomatologie pulmonară (tuse, wheezing, dispnee), examen radiologic pulmonar normal. Criterii de excludere: simptome respiratorii, modificări radiologice pulmonare, boli extrapulmonare ce pot afecta funcția ventilatorie. Evaluarea funcției pulmonare a fost făcută cu pneumotachograful; parametrii luați în calcul au fost: FEF 25-75, FVC și VEMS pre- și post-

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bronhodilatator. Gradul de dependenţă nicotinică a fost apreciat conform testului Fagerstrom. Atitudinea faţă de sevrajul tabagic a fost clasificată după Pochaska şi DiClemente. Rezultate: 66% au avut o funcţie ventilatorie normală; 27% - sindrom obstructiv periferic şi 7% - disfuncţie ventilatorie obstructivă uşoară. Doar 12% au apelat la ajutor medical pentru a renunţa la fumat. 41% se aflau în stadiul de precontemplare, 50% în stadiul de contemplare şi 9% în stadiul de pregătire. Concluzii: chiar în lipsa simptomelor respiratorii, 1/3 din fumători au o funcţie ventilatorie alterată, corelată cu consumul de tutun; doar 12% au apelat la ajutor medical şi doar 9% sunt pregătiţi să oprească fumatul, chiar dacă 34% din tot lotul au patologie asociată. Deci medicul trebuie să aibă o atitudine activă în vederea motivării fumătorului pentru sevrajul tabagic.

P64. OBSERVATIONS ON THE VENTILATORY FUNCTION AND THE ATTITUDE VERSUS SMOKING CESSATION IN ASYMPTOMATIC SMOKERS

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There were taken into study 50 adult smokers who came for their annual examination. Inclusion criteria were: cigarette smokers, age between 18 and 65 years, without respiratory symptoms (i.e. cough, wheezing, dyspnoea), normal thoracic X-ray findings. Exclusion criteria were: respiratory symptoms, abnormal chest X-ray, other extrapulmonary diseases that could affect the ventilatory function (obesity, cifosis). The evaluation of the pulmonary function was made using a pneumotachograf and the parameters taken into account were: FEF 25-75, FVC and FEV1, pre- and post- bronchodilator (salbutamol 100 mcg delivered through MDI). The degree of nicotine dependence was appreciated according the Fagerstrom test. The attitude versus smoking cessation was classified according to Prochaska and DiClemente. Results: 66% had a normal ventilatory function; 27 % - peripheric obstructive syndrome and 7% mild airway obstruction. Only 12% have asked for medical help in order to quit smoking. 41% were in the precontemplation stade, 50% in the contemplation stade and 9% were in the preparation stade. Conclusions: Even free of respiratory symptoms, 1/3 of the smokers had an altered ventilatory function, correlated with the tobacco consumption; only 12% asked for medical help and only 9% are ready to quit smoking even if 34% of all have associated pathology, so that the doctors should have an active attitude in order to motivate the smoker to discontinue smoking.

P65. TABAGISMUL LA ELEVII DIN GIMNAZIU DIN JUDEŢUL MUREŞ

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Prin studiul efectuat am urmărit determinarea amplorii tabagismului la elevii din gimnaziu din judeţul Mureş. Studiul a fost efectuat în perioada 1999-2000 şi a cuprins 371 de elevi cu vârsta cuprinsă între 11-14 ani. 47.98% din elevii chestionaţi au folosit tutun şi 52.02% nu au folosit niciodată tutun. Din elevii care au folosit tutun 74.16% sunt băieţi şi 25.84% sunt fete. Prevalenţa elevilor care au folosit tutun creşte cu vârsta: 11 ani – 21.83%, la 12 ani – 35.16 %, la 13 ani – 48.89%, iar la 14 ani – 60.13%, 88.46% din fumătorii zilnici şi 96.66% din cei ocazionali fumează ţigări cu filtru. 53.85% din fumători au grad de dependenţă tabagică mic, 15.38 % au un grad de dependenţă mediu şi 30.77 au un grad de dependenţă mare. 72.54% din elevii nefumători sunt supuşi fumatului pasiv în familie, 100% din fumătorii zilnici şi 91.63% din cei ocazionali provin din familii în care se fumează. 69.23% din fumătorii zilnici şi 95% din cei ocazionali au încercat să abandoneze fumatul; 46.51% din ei sunt îngrijoraţi de problemele ce le-ar provoca oprirea fumatului. Prevalenţa fumatului la elevii din gimnaziu de pe teritoriul judeţului Mureş este mare şi creşte paralel cu vârsta. Acest fenomen impune măsuri de educaţie a tinerilor cu privire la efectele nocive ale fumatului.

P65. TABAGISM CONCERNING THE GYMNASIUM PUPILS FROM MURES DISTRICT

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By going thoroughly into this matter I had in view the determination of the amplitude of the tabagism at the gymnasium pupils living in Mures district. The study was accomplished between 1999/2000 and comprised 371 pupils between 11–14 years. 47,98% from the questionned pupils smoked and 52,02% never smoked. From those who were used to smoking, 74,16% were boys and 25.84% were girls. The prevalance of those who smoked grew at the same time with their age: 11 years – 21.83%, 12 years – 35.16%, 13 years – 48.89%, 14 years – 60.13%. 88.46% of the daily smokers and 96.66% of the occasionaly smokers smoke filter cigarettes. 53.85% from the smokers have a small addiction to tabagism, 15.38% have an average addiction and 30.77% a great addiction. 72.54% from the nonsmoker pupils are subjected to a passive smoking in their famillies, 100% from the daily smokers and 91.67% from the occasionally smokers come from smoker famillies. 69.23% from the daily smokers

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and 95% from the occasionally smokers tried giving up smoking. 46.51% of them are worried about the problems giving up smoking could cause to them. The rate of the gymnasium pupils who smoke is big and grows together with their age. This phenomena asks for educational measures for pupils concerning the noxious of smoking.

P66. EVALUAREA FUMATULUI ÎN RÂNDUL STUDENŢILOR DE LA UNIVERSITATEA DE MEDICINĂ DIN CLUJ-NAPOCA

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Studiul s-a desfăşurat pe un lot reprezentativ statistic de 442 studenţi de medicină din anul IV şi V ai UMF Cluj-Napoca, aflaţi în modulul de pneumoftiziologie. S-a urmărit prevalenţa fumatului în rândul acestora şi frecvenţa infecţiilor respiratorii acute, la fumători. Chestionarul a cuprins şi întrebările din "Testul de dependenţă la nicotină" imaginat de Fagerstrom-Nadjari. Din totalul studenţilor, 206 (46,60%) sunt fumători, iar 236 (43,39%) nefumători. Fumătorii sunt 118 de sex masculin (26,69%) şi 88 sex feminin (19,90%), dintre care 132 (29,86%) consumă 5-15 ţigări/zi, 59 (13,34%) între 15-20/zi, iar 15 peste 20 ţigări/zi, factorul esenţial care influenţează consumul de tutun fiind stress-ul. 142 studenţi fumători (32,12%) au optat pentru abandonarea fumatului. Atât studenţii fumători cât şi nefumători au considerat fumatul ca fiind un factor de risc important asupra stării de sănătate a organismului, în special în patologia pulmonară. Studenţii fumători prezintă câte 4-5 infecţii respiratorii acute pe an, spre deosebire de 1-2 îmbolnăviri similare la cei nefumători. Datele de mai sus arată că frecvenţa fumatului în rândul studenţilor de la medicină ai anilor IV şi V este de 47% comparabilă cu alte studii (53%), majoritatea studenţilor prezentând un grad moderat de dependenţă la nicotină (4-6 puncte). Infecţiile acute respiratorii apar cu o frecvenţă de 2-3 ori mai mare la fumători.

P66. EVALUATING OF SMOKING AMONG STUDENTS AT UNIVERSITY OF MEDECINE FROM CLUJ-NAPOCA

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The study was performed on a representative group of 642, 4th and 5 th year medical students of University of Medicine and Pharmacy Cluj-Napoca, training in pneumophthisiology in our clinic. The prevalence of smoking among these students and the frequency of acute respiratory infections in smokers were monitored.The questionnaire mainly consisted of the questions of the "Test for Nicotine Dependence" conceived by Fagerstrom-Nadjari. Of all students, 206 (46,60%) were smokers and 236 (43,39%) non-smokers.The smokers were 118 men (26,69%) and 88 women (19,90%). 132 (29,86%) students smoked 5-15 cigarettes/day, 59 (13,34%) between 15-20/day and 15 more than 20 cigarettes /day, stress being the esential factor influencing tobacco use. 142 (32,12%) smoking students chose to quit smoking. Both smoking and nonsmoking students considered smoking as a important risk factor for health, especially in pulmonary pathology. Smoking students have 4-5 acute respiratory infections /year, compared to 1-2 similar infections in nonsmokers. The data shown above indicate that the frequency of smoking among 4th and 5 th years medical students is 47%, which is comparable to other similar studies (53%), 132 students having a moderate degree of nicotine dependence (4-6 points). Acute respiratory infections occur with a 2-3 higher prevalence in smokers.

P67. OBICEIUL DE A FUMA LA PACIENŢII CU AFECŢIUNI RESPIRATORII NETUBERCULOASE DIN CLINICA PNEUMOLOGIE IAŞI

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În perioada septembrie-noiembrie 2001 în Clinica Pneumologie Iaşi au fost internaţi 1161 pacienţi, dintre care 77,8% cu afecţiuni respiratorii netuberculoase; 18,6% dintre ei erau fumători. S-a evaluat consumul tabagic la pacienţii cu afecţiuni respiratorii, altele decât tuberculoza. Datele privind consumul tabagic şi atitudinea faţă de acest obicei au fost obţinute cu ajutorul unor chestionare şi pacienţii au fost evaluaţi clinic, radiologic şi funcţional. Spectrul afecţiunilor respiratorii a cuprins: BPOC (23,1%), neoplasme bronhopulmonare (15,4%), astm bronşic (7,7%), altele (53,8%). S-a determinat dependenţa de nicotină prin testul Fargestrom care a relevat o dependenţă severă (7,7%), moderată (46,1%) şi uşoară (38,5%). Majoritatea cazurilor de dependenţă severă (83,3%) s-au înregistrat la pacienţii cu BPOC. Bolnavii au primit materiale educative cu privire la efectele nocive ale fumatului şi au fost consiliaţi antitabac. 23% au declarat că doresc să renunţe la fumat prin propria voinţă şi 46,1% au solicitat ajutor în cadrul cabinetului antitabac. Fumatul constituie o problemă majoră de sănătate la pacienţii cu afecţiuni obstructive cronice (31,8%) şi neoplasm bronho-pulmonar (15,4%) internaţi în Clinica Pneumologie Iaşi.

P67. SMOKING HABIT AND PULMONARY NONTUBERCULOUS DISEASES IN CLINIC OF PULMONARY DISEASES IASI

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Between September-November 2001 1161 patients were hospitalized in Clinic of Pulmonary Diseases Iasi. Among

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them 77,8% suffered of nontuberculous pulmonary diseases,18,6% being smokers. We tried to evaluate tobacco consumption to these patients. Data regarding smoking habit were obtained by questionnaires and in the same time patients were evaluated from clinical, radiological and functional point of view. Distribution of respiratory diseases was: COPD 23,1%, lung cancer 15,3%, asthma 7,7%, others 53,8%. Nicotine dependency was appreciated by Forgestrom test as: sever 7,7%, moderate 46,1% and mild 38,5%. Most of the cases being severe addicted to nicotine (83,3%) were found in COPD patients. Patients were given information about tobacco related risks and they were advice to give up smoking. 23% declared that they wanted to quit smoking by there owns and 46,1% asked for qualified help. Smoking habit represents a major health problem for chronic obstructive pulmonary diseases (31,8%) and lung cancer (15,4%).

P68. CORELAŢII ÎNTRE CONSUMUL TABAGIC, DEPENDENŢA DE NICOTINĂ ŞI FORMELE CLINICE DE TUBERCULOZĂ

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S-a evaluat asocierea dintre fumat şi formele clinice de tuberculoză în perioada septembrie-noiembrie 2001 în Clinica Pneumologie Iaşi. Au fost studiaţi 180 pacienţi cu tuberculoză, fumători, sub raportul relaţiei fumat - tuberculoză, aceştia fiind împărţiţi în 4 loturi conform categoriilor recomandate de OMS. Evaluarea s-a efectuat prin chestionarea cu privire la obiceiul de a fuma şi dependenţa de nicotină în paralel cu profilul clinic, radiologic şi bacteriologic al fiecărui lot. Pacienţii cu tuberculoză erau fumători (69,8%), 80% de sex masculin. Consumul tabagic a fost ridicat (46,7% fumători a peste 20 pachete an) - majoritatea acestora (81,6%) au fost încadraţi în categoria 1 OMS - iar 26,7% dintre pacienţi aveau dependenţă nicotinică severă. Structura loturilor a cuprins 72,2% categoria 1 OMS, 21, 1% categoria 2 OMS, 4,4% categoria 3 OMS şi 2,2% categoria 4 OMS. În privinţa formelor clinico-radiologice s-a constatat 46,7% tuberculoza extinsă, 23,3% cavitară, 20% infiltrativă, 3,3% miliară şi 6,7% pleurală. Formele de tuberculoză gravă activă, extinsă cu rezoluţie radiologică lentă (46,7%) precum şi recidivele (21,1%) au fost mai frecvente la marii fumători cu dependenţa nicotinică înaltă.

P68. ASSOCIATION BETWEEN TOBACCO CONSUMPTION, NICOTINE DEPENDENCY AND CLINICAL FORMS OF TB

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Association between smoking habit and clinical forms of TB was evaluated between September-November 2001 in Clinic of Pulmonary Diseases Iasi.180 patients with TB, smokers were studied reported to tobacco habit-TB relationship. They were divided in 4 groups according to WHO treatment categories. They answered smoking questionnaires and Fargestrom test and clinical-radiological and bacteriological profile was assessed for each group.69,8% of the TB patients weresmokers,80% males. We noticed 46,66% heavy smokers(81,6% of them belonged to group 1WHO)and28,9% had severe nicotine dependency. Patients were distributed in 4 groups:72,2% group 1 WHO,21,1% group 2WHO, 4,4% group 3 WHO and 2,2% group 4 WHO. As regards radiological TB forms we found 46,7% extended TB, 23,3% cavitary TB,20% infiltrative, 3,3% military and 6,7% pleural. Severe extended TB(46,7%)and recurrences(21,1%)were more frequented to heavy smoker habit addicted to nicotine.

P69. FUMATUL ÎN RÂNDUL CADRELOR DIDACTICE, ÎN DIFERITE NIVELURI DE ÎNVĂŢĂMÂNT

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La cabinetul antitabagic al Clinicii de Pneumologie Cluj-Napoca am luat în studiu 1586 elevi, cu vârste cuprinse între 11-25 ani, incluşi în 4 trepte de învăţământ (gimnaziu, liceu, şcoală post-liceală şi universitate) şi complementar cadrele didactice antrenate în procesul de învăţământ.
Din cele 1190 cadre didactice intervievate, repartiţia pe niveluri de învăţământ s-a făcut astfel: 80 în gimnaziu, 110 în liceu, 100 în învăţământul post-liceal şi 900 la universitate. Repartiţia pe sexe (per global) a fost 35% femei şi 65% bărbaţi.
Din totalul cadrelor didactice: 800 sunt fumători (67%); de asemenea, din totalul cadrelor didactice 35% prezentau afecţiuni cardiace, 29% BPCO şi 19% suferinţe pe vasele sanguine.
În ceea ce priveşte informarea în legătură cu influenţa nefastă a fumatului asupra sănătăţii, doar 47% au fost conştienţi de acest fapt şi ~ 30% au considerat important de a-i informa pe elevi în legătură cu acest fapt.
Personalul medical în general şi pneumologii în special, trebuie să pună accent pe informarea pacienţilor şi tinerilor în ceea ce priveşte efectul nociv al tutunului asupra sănătăţii.

P69. SMOKING WITHIN THE TEACHING STAFF AT DIFFERENT LEVELS OF EDUCATION

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Students aged 11 to 25 years, from different teaching levels/schools (gymnasium, highschool, colege, faculty)

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(n=1586) were investigated in the anti-smoking cabinet of the Lung Clinic in Cluj, along with the teachers involved in the teaching process. Out of the 1190 teachers subjected to the questionaire, 80 were employed by gymnasium, 110 by highschool, 110 by colege and 900 by the univeristy, 35% females and 65% males. Eight-hundred of teaching staff (67%) were smokers, 47% being aware of the negative effects of the smoking and 30% considered it important to inform their pupils about such side effects. 35% of the teachers showed heart problems, 29 % BPCO and 19% suffering of blood vessels.
The medical staff in general and pneumologists in particular, should stress the importance of informing their patients on the negative influence of tabbaco on health.

P70. PREVALENŢA FUMATULUI LA ADOLESCENŢII DE 13-14 ANI ÎN JUDEŢUL DOLJ

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În studiul acesta ne-am propus să evidenţiem dimensiunea obiceiului fumatului într-o colectivitate de elevi cu vârstă de 13-14 ani, precum şi optica acestora despre consumul de alcool. S-au inclus în lotul de studiu 262 de elevi de 13-14 ani de la trei şcoli elementare din Craiova (129 sunt fete, 133 băieţi). S-a utilizat ca metodă de studiu chestionarul. Rezultate: 13,4% din totalul tinerilor chestionaţi (adică 35) sunt fumători, din care un sfert sunt fete. 46% din fumători au părinţi fumători, iar 28,6% au şi fraţi sau surori fumătoare. 30 din cei 35 de fumători consumă zilnic mai puţin de 10 ţigarete şi numai 2 depăşesc 15 ţigarete zilnic; 23 dintre ei fumează de peste un an. 26,5% din adolescenţii fumători chestionaţi vor să se lase de fumat, 6,1% au încercat, dar nu au reuşit, 34,7% s-au gândit la asta, dar încă nu s-au hotărât şi numai 14,3% fumează, nepunându-şi problema de a se lăsa. 25% din elevi au contact cu fumători în şcoală şi 46% au fumători în familie. În concluzie, proporţia fumătorilor dintre adolescenţii chestionaţi este de 13,4% şi cca. 70% din tinerii investigaţi sunt în compania unor fumători. Anturajul este factorul favorizant preponderent al tabagismului la vârsta adolescenţei.

P70. THE PREVALENCE OF SMOKING AT 13-14 YEARS OLD TEENAGERS IN DOLJ COUNTY

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In this study, we propose to find figures for smoking within a group of 13–14 years old students and also their opinion about alcohol drinking. We have worked on a group of 262 students of 13–14 years old, from three elementary schools in Craiova (129 are girls, 133 are boys). The questionnaire has been used as the study method. Results: 13,4% from the total of the questioned students (35 of them) are smokers and girls are a quarter of the smokers. 46% of the smoking students have smoking parents and 28,6% have also smoking brothers or sisters. 30 of the 35 smokers are consuming less then 10 cigarettes daily and only 2 of them are consuming more than 15 cigarettes daily. 26,5% of the questioned smoking students wished to quit smoking, but failed; 34,7% have thought about it, but still they are not decided; and only 14,3% are smoking and never thought about quitting. 25% of the students take contact with smokers in school and only 46% of them have smoking family members. As a conclusion, 13,4% is the rate of questioned smoking teenagers and about 70% of the investigated students are living beside smokers. The circle of friends is a main favoring factor for smoking at teenagers.

P71. PREVALENŢA FUMATULUI ÎNTR-UN SERVICIU DE PNEUMOLOGIE DIN ROMÂNIA

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Introducere. Prevalenţa fumatului la cadrele medicale în România este în continuare foarte mare. În mod paradoxal aceasta este mare la angajaţii care lucrează în clinicile de pneumologie.
Material şi metodă. Ancheta desfăşurată în Institutul de Pneumologie din Bucureşti a cuprins un eşantion reprezentativ de 272 de angajaţi (42,1% dintre salariaţi), 209 femei şi 63 de bărbaţi. Cu ajutorul unui chestionar cu 12 întrebări s-a încercat testarea cunoştinţelor în domeniu.
Rezultate şi discuţii. Am găsit o prevalenţă de 31,3% a fumatului; la aceasta se adaugă 5,2% ex-fumători. Procentul cel mai mare de fumătoare este la nivelul asistentelor (40%) urmate de personalul auxiliar (31,8%) şi infirmiere 15,3%. Dintre fumătorii activi 9,4% prezentau anterior angajării afecţiuni posibil legate de fumat iar ulterior 14,1% au suferit alte îmbolnăviri spre deosebire de lotul de nefumători unde aceste procente erau de 7,5% şi respectiv de 10,4%. Majoritatea salariaţilor (aproape 10%) consideră că cea mai eficace măsură antifumat este interzicerea fumatului în instituţiile sanitare şi locuri publice. Doar 36,4% cunosc metode de renunţare la fumat şi 47% dintre fumători au avut tentative de sevraj.
Concluzii. Deşi există o lege de restricţionare a fumatului în spitale aceasta nu este respectată iar cunoştinţele în domeniul sevrajului sunt sărace. Se impune extinderea măsurilor legislative şi acţiuni intense educative în rândul personalului spitalelor. Acesta a fost motivul pentru care Institutul participă din 2001 la campania "Hopitaux sans Tabac".

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P71. THE PREVALENCE OF THE HABIT OF SMOKING IN A PNEUMOLOGY DEPARTMENT IN ROMANIA

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Introduction. The prevalence of the habit of smoking of the medical staff in Romania is still very high. Paradoxically, this is high among the staff working in the clinics of pneumology
Material and method. The investigation made in the Institute of Pneumology of Bucharest included a representative sample of 272 members of the staff (42,2% from the staff) (209 female and 63 men). Using a questionnaire with 12 questions, we tried to test the knowledges from this field.
Results and discussion. We found a prevalence of 31,3% of the habit of smoking; to this is added 5,2% ex-smokers. The greatest rate of smokers is among the medical assistants (40%), followed by auxiliary staff (31,8%) and nurses (15,3%). Among the active smokers, 9,4% have had before being engaged disease provoked possibly by the habit of smoking, and afterwards, 14,1% fell ill with other disease, unlike the non-smokers where the rate was 7,5% and respectively 10,4%. Most of the staff (almost 10%) think that the most efficient measure against the habit of smoking is forbidding this habit in the medical institutions and public places. Only 36,4% is acquainted with the methods of giving up this habit and 47% among the smokers tried to give up smoking.
Conclusions. Although there is a law meant to limit the habit of smoking in hospitals, it is not observed, and the knowledges concerning the methods of stopping are poor. It requireds the extension of the legislative measures and intensive educational actions among the hospitals staff. That is why our institute participate, beginning with this year (2001) in the campaign "Hospitals without tobacco".

P72. ASPECTE ECONOMICO-SOCIALE ALE CONSUMULUI DE TUTUN ÎN ROMÂNIA

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După 1990, în România, cultivarea tutunului nu a mai fost rentabilă datorită prețului mic de achiziționare oferit producătorilor și importului masiv de țigarete. Suprafața cultivată cu tutun a scăzut de la 34.400 ha în anul 1990, la 11.500 ha în 2001. Producția de tutun fermentat în România a cunoscut o diminuare corespunzătoare, de la 17.983 tone în 1990, la 8.700 tone în 2001. Producția autohtonă de țigarete a înregistrat, de asemenea, o scădere; dacă în anul 1995 a fost de 22.523 tone țigarete, în anul 2001 a fost de 10.888 tone (din care 2.950 cu filtru). Societatea Națională Tutunul Românesc deține 25-30% din piața internă, la aceasta adăugându-se țigaretele din import și contrabandă (10%) precum și producția celor 3 companii multinaționale care au filiale în România (60%). Vânzările de țigarete ajunse totuși la cca. 37-40.000 tone/an se datorează consumului crescut în special în rândul tinerilor (15-18 ani) și al persoanelor de sex feminin. Prevalența fumatului pe sexe, este de 48% la bărbați și de 25% la femei. Consumul de țigarete per capita în România (15 ani) a fost în anul 1999 de 2.055. Prevalența tabagismului este mai ridicată în rândul lucrătorilor necalificați și a celor semicalificați. Promulgarea unei legi antitabac este o soluție eficientă a reducerii fumatului în România.

P72. SOCIAL – ECONOMICAL ASPECTS OF THE TOBACCO CONSUMPTION IN ROMANIA

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The cultivation of tobacco was no longer profitable in Romania after 1990 due to the low price of acquisition offered to the producers and to the massive import of cigarettes. The area sown with tobacco decreased from 34.400 ha in 1990 to 11.500 ha in 2001. The fermented tobacco production knew an adequate decrease in Romania, from 17.983 tons in 1990 to 8.700 tons in 2001. The domestic production of cigarettes also recorded a decrease; there were 10.888 tons (of which 2.950 with filter) in 2001, comparing to 22.523 tons of cigarettes in 1995. The National Society of Romania Tobacco has 25-30% of the internal market, adding to this the imported or smuggled cigarettes (10%) as well as the production of the three multinational companies that have branches in Romania (60%). However, the sales of cigarettes reaching about 37-40.000 tons/years are due to the increased consumption especially among the young people (15-18 years) and the women. The prevalence of smoking by sexes is of 48% in males and 25% in women. The consumption of cigarettes per capita (15 years) in Romania was 2.055 in 1999. The prevalence of smoking is higher among unqualified or half-qualified workers (>50%). The promulgation of an anti-tobacco law could be an efficient solution in order to reduce smoking in Romania.

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P73. FUMATUL ŞI DEPENDENŢA NICOTINICĂ LA MEDICII DIN CRAIOVA

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Fumatul este o cauză importantă de morbiditate şi mortalitate, fiind o adevărată pandemie a societăţii moderne. Acest studiu îşi propune o evaluare a prevalenţei fumatului în rândul medicilor din Craiova, stabilirea dependenţei nicotinice la medicii fumători, precum şi o evaluare a consilierii antifumat efectuată de către medici la pacienţii fumători. Studiul a fost efectuat pe bază de chestionare, fiind anchetaţi 60 de medici din specialităţile pneumologie, medicină internă, cardiologie şi medicină de familie, din cadrul Spitalelor Clinice 1 şi 3 şi a Dispensarului de Pneumoftiziologie Craiova. Dependenţa nicotinică a fost calculată utilizând testul Fagerstrom-Nadjari. Medicii fumători au reprezentat 36,6% iar nefumătorii 63,33%, din care 5% ex - fumători. Pe sexe, fumatul a fost găsit la 34,14% din femei, şi la 42,10% din bărbaţi. Dependenţă nicotinică înaltă au prezentat 36,36% din medicii fumători, dependenţă foarte puternică 9,09%, dependenţă moderată 22,72% iar 31,81% nu au avut dependenţă nicotinică. 96% din medicii chestionaţi afirmă că prezintă pacienţilor fumători riscurile la care se expun şi acordă sfaturi legate de renunţarea la fumat, iar 48% recomandă mijloace farmacoterapeutice pentru asistarea sevrajului tabagic.

P73. SMOKING HABIT AND NICOTINE ADDICTION AMONG PHYSICIANS FROM CRAIOVA

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Smoking habit is an important cause of morbidity and mortality being a real pandemie of modern society. This study propose an evaluation of smoking prevalence among physicians from Craiova, to establish the nicotine addiction at smoking physicians and an evaluation of anti-smoking counsel effected by physicians at smoking patients. The study was performed on the basis of a questionnaire, being investigate 60 physicians from following medical speciality: pneumology, internal medicine, general medicine and cardiology, from Hospitals No. 1 and 3 and Pneumological Polyclinic, Craiova. Nicotine addiction was calculated by using Fagerstrom- Nadjari test. Smokers physicians represented 36,6% and non-smokers 63,33%, from which 5% ex-smokers. Depending on sex, smoking was found at 34,14% women and 42,10% men. Higher nicotine addiction presented 36,36% from smokers physicians, severe nicotine addiction 9,09%, moderate addiction 22,72% and 31,81% didn't have nicotine addiction. 96% from physicians that were investigate said that present to smokers patients the risks of smoking habit and advise patients to quit smoking. 48% recommend drugs for assist smoking cessation.

P74. DETERMINAREA GRADULUI DE DEPENDENŢĂ NICOTINICĂ ÎN RÂNDUL PERSONALULUI MEDICAL SUPERIOR DIN BUCUREŞTI

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Prevalenţa fumatului în rândul doctorilor din România este de 43,2%; 16,6% sunt foşti fumători iar 40,2% nefumători; este mai frecvent în rândul doctorilor de 39-40 ani; mai mult de jumătate din fumători (54,6%) consumă 10-20 ţigarete/zi. Studiul are ca obiectiv determinarea gradului de dependenţă nicotinică în rândul personalului medical superior ca punct important de plecare în diminuarea consumului de tutun. Material: au fost incluşi medici fumători din spitale cu structuri complexe medicale şi chirurgicale din Bucureşti. Metoda: acestora li s-au distribuit în mod direct o serie de chestionare adaptate după testul de dependenţă Fagerstrom. Întrebările cu răspuns afirmativ au fost notate cu un număr de puncte (<5 dependenţă joasă, >5 dependenţă medie şi înaltă). Rezultate: lotul studiat a cuprins 200 de medici fumători la un total de 6600 de medici în Bucureşti; repartiţia pe sexe a lotului studiat a fost relativ egală; pe grupe de vârstă se observă o predominanţă a fumătorilor între 30-39 de ani; au răspuns mai frecvent medicii de formaţie medicală (60%), gradul de dependenţă nicotinică a fost în general joasă (73,7%). În concluzie: deschiderea faţă de studiu a fost bună, majoritatea doctorilor interesându-se de cele mai noi metode de sevraj, în vederea unei renunţări ulterioare la fumat. În condiţiile unei prevalenţe a fumatului la medici la nivel de ţară de 60% gradul de dependenţă nicotinică este relativ redus.

P74. CONSIDERATIONS ON THE NICOTINE – DEPENDENCE DEGREE AMONG THE SUPERIOR MEDICAL PERSONNEL IN BUCHAREST

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The prevalence of smoking among the Romanian physicians is 43.2% (16.6% ex-smokers, 40.2% non-smokers) is more frequent among the physicians at 30-39 years, more than a half of smokers (56.4%) consumed 10-20 cigarettes a day. The study objective was to determine the degree of nicotine dependence among the superior medical personnel as an important starting point in decreasing the tobacco consumption. Material-were include smoking physicians from the hospitals with complex medical and surgical structures in Bucharest.

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Method - they received directly a series of questionnaires adapted after the Fagerstrom dependence test. The affirmative answer questions were noted with a number of points (<5 low dependence, >5 average and high dependence). Results: the studied sample comprised 200 smoking physicians from a total of 6600 physicians in Bucharest. The distribution by sexes was relative equal; medical formations physicians answered more frequently (60%) and the nicotine-dependence degree was low in general (73.7%). In conclusion, it was a good opening toward the study, the majority of physicians being interested in the latest method of smoking cessation. In conditions of 60% smoking prevalence the nicotine dependence degree is relatively reduced.

P75. UTILITATEA PRACTICĂ A ULTRASONOGRAFIEI ÎN DIAGNOSTICUL ŞI TRATAMENTUL REVĂRSATELOR LICHIDIENE PLEURALE

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Scopul lucrării constă în evaluarea utilităţii ultrasonografiei în afecţiunile pleurei. Am realizat analiza retrospectivă a 10 luni de aplicare a ultrasonografiei la pacienţii internaţi în clinica noastră în perioada ianuarie-octombrie 2001. Din cele 792 ecografii efectuate, 160 s-au axat pe patologie pleurală. Dinte acestea, 50 au fost efectuate cu viză diagnostică, în 24 cazuri confirmându-se prezenţa lichidului pleural, iar în 26 cazuri infirmându-se. Majoritatea ecografiilor (90) au fost solicitate pentru reperaj, în vederea toracentezei sau a biopsiilor pleurale (42), sau cu dublu scop, diagnostic şi reperaj (48). Rata de succes a fost foarte mare (87/90), evitându-se, astfel, puncţiile oarbe, inutile, repetate, traumatizante. Reperajul sub ecograf al lichidului pleural permite atât creşterea preciziei gestului medical, cât şi al confortului pentru medic şi pacient, îmbunătăţind rata de certitudine şi rapiditate în diagnosticul pleureziilor. Reperajul revărsatelor închistate a permis rezolvarea elegantă prin drenaj ţintit. În concluzie, ultrasonografia, deşi puţin folosită în patologia toracică şi respiratorie, îşi dovedeşte utilitatea ca metodă de diagnostic şi ghidare terapeutică în revărsatele pleurale, surclasând radiografia toracică clasică şi înlocuind cu succes examenul tomografic computerizat, scump şi mai dificil de accesat.

P75. THE USEFULNESS OF ULTASONOGRAPHY IN DIAGNOSIS AND TREATMENT OF PLEURAL EFFUSIONS

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We tried to estimate the usefulness of ultrasonography in the management of pleural diseases. We performed a retrospective analyze for 10 months of using the ultrasonography to the patients admitted in our hospital between January–October 2001. From the 792 echographies carried out, 160 were based on pleural diseases. Among these, 50 were performed for diagnostic purpose, in 24 cases the presence of pleural effusion being confirmed and in 26 cases infirmed. The majority of echographies (90/160) were demanded for locating the pleurisy, in order to perform pleural puncture or biopsy (42/90 cases), or with double purpose, both diagnosis and location (48/90 cases). The rate of success was very high (87/90), avoiding blind, pointless, repeated and harmful punctures. The echographic location of pleural effusions allows the improvement both of the precision of the medical gesture and the physicians' and patients' comfort, increasing the rate of certitude and rapidity in diagnosis. The echographic guideness of cloasonated pleurisies allowed their management by an elegant and certain drainage. In conclusion, the ultrasonography, although rather less used in thoracic and respiratory diseases, proves its utility as a diagnostic and therapeutical guide tool in pleural effusions, overtaking the classic chest X-ray and successfully replacing the computed tomography, much more expansive and difficult to perform.

P76. DIAGNOSTICUL POZITIV ŞI DIFERENŢIAL AL COLECŢIILOR PLEURALE TUBERCULOASE ŞI NETUBERCULOASE ÎN CLINICA PNEUMOLOGIE TÂRGU-MUREŞ

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Scopul studiului este analiza etiologiei şi a diagnosticului pozitiv la pacienţii cu colecţii pleurale înregistraţi în Clinica Pneumologie Tg.-Mureş între anii 1998–2001 (570 colecţii pleurale de variate etiologii: tuberculoase 49,6%, infecţioase nespecifice 25%, neoplazice 16,3%, cardiace 4,6%, din ciroza hepatică 1,57%, traumatice 0,87%, de cauze subdiafragmatice 0,7%, în cadrul unor colagenoze 0,7%, de cauze renale 0,52%). Pleurezia tuberculoasă este în creştere progresivă (1998-60 cazuri, 2001-78 cazuri); 78% din cazuri sunt sub 45 ani; predomină în rural 53,4% şi la bărbaţi 67,5%. Pleureziile infecţioase nespecifice sunt în stagnare, 46% sunt sub 45 de ani, predomină la bărbaţi 75% şi în rural 56,6%. Pleureziile neoplazice (84,9% în cadrul neoplasmului bronho-pulmonar primitiv) au crescut în ultimii 2 ani; 75% au vârste peste 55 ani (doar 4 sub 45 ani), sunt mai frecvente la bărbaţi 68,8% şi în rural 54,8%. Examenul clinic, examenul citologic şi biochimic al lichidului pleural, bronhoscopia, radiografia, tomografia computerizată şi biopsia pleurală au contribuit variabil la stabilirea etiologiei. Creşterea numărului de biopsii pleurale ar permite o mai bună confirmare etiologică în colecţiile tuberculoase şi în cele maligne.

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P76. POSITIVE AND DIFFERENTIAL DIAGNOSIS OF THE TUBERCULOUS AND NONTUBERCULOUS PLEURAL EFFUSIONS REGISTERED IN THE CLINIC OF PNEUMOLOGY TÂRGU-MUREŞ

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The purpose of the study is the analysis of the ethiology and of the positive diagnosis in the patients with pleural effusions registered in our Clinic between 1998-2001: 570 pleural effusions (tuberculous pleuritis 49,6%, nontuberculous pleural infections 25%, malignant effusions 16,3%, effusions in congestive heart failure 4,6%, hepatic cirrhosis 1,57%, traumatic effusions 0,87%, effusions caused by abdominal diseases 0,7%, collagen diseases effusions 0,7%, effusions in renal diseases 0,52%). Tuberculous pleuritis increases progresivelly (1998-60 cases, 2001-78 cases); 78% of the cases were under the age of 45; men dominate (67,5%) and the cases in the rural area were 53,4%. Nontuberculous pleural infections are in stagnancy; almost half (46%) are under 45, men dominate (75%), and the rural area cases were 56,6%. Malignant effusions (84,9% in lung carcinoma) increased in the last 2 years; 75% from these patients are over 55 years old (only 4 under 45 year old); men are over 2 thirds (68,8%) and the patients from the rural area were 54,8%. The clinical examination, cytology and biochemistry of the pleural fluid, bronhoscopy, routine radiology, computed tomography and pleural biopsy contribute variably in establishing the etiology. The increase in number of the pleural biopsy will permite a better ethiological confirmation of the tuberculous pleuritis and of the malignant effusions.

P77. ASPECTE CLINICE ŞI EPIDEMIOLOGICE ÎN HIPOPLAZIILE PULMONARE LOBARE

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Studiul a urmărit frecvenţa şi particularităţile clinice ale hipoplaziilor lobare pulmonare pe o perioadă de 25 ani (1975-2000). În acest interval, s-au diagnosticat 76 hipoplazii pulmonare totale şi parţiale, reprezentând 0,12% din cazuistica clinicii iar 55,7% dintre acestea au fost hipoplazii lobare.
Analiza cazurilor de hipoplazii pulmonare parţiale lobare a relevat 30 de cazuri (53,3%) de hipoplazii ale lobilor inferiori, 10 cazuri (16,7%) ale lobilor superiori şi 17 cazuri (30%) de hipoplazii bilobare (de lob mediu şi inferior). În 80% din cazuri, pacienţii cu hipoplazii pulmonare au fost asimptomatici. În rest diagnosticul a fost sugerat de simptome minore: tuse (7%), hemoptizie (2%) sau au constituit descoperiri radiologice fortuite (11%).
Diagnosticul a fost confirmat prin examen radiografic toracic, bronhografie sau computer tomografie toracică. Cele mai frecvente erori de diagnostic au fost cu: neoplasmul bronhopulmonar (4,2%), tuberculoză pulmonară (28,5%) şi bolile sistemice cu implicare pulmonară (12,3%). Deşi rar întâlnită în practică, hipoplazia pulmonară lobară reprezintă o entitate clinică distinctă, uşor de diagnosticat şi cu prognostic favorabil.

P77. FREQUENCY AND CLINICAL PICTURE OF LOBAR PULMONARY HYPOPLASIA

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Frequency and clinical profile of lobar pulmonary hypoplasia were analised in our Pulmonary Diseases Department, for a 25 year period.
53,3% (30 cases) were found in the lower lobes, 30% (17 casses) in both medium and lower lobes and 16,7% (10 cases) in the upper lobes.
In our study, lobar hypoplasia represented 54,54% among total and partial hypopastic lungs diagnosed in the pulmonary diseases department during the 25 years of survey.
General frequency for pulmonary hypoplasia was 0,12% among other pulmonary diseases hospitalised between 1975 -1999.
In 80% of cases, patient with lobar hypoplasia were nonsymptomatic and the rest of them were revealed by cough (7%), hawmoptysis (2%), or thoracic scan (11%). Diagnosis was certified by chest X-ray bradiography or thoracic scan wich showed atypical opacities or nodules with lobar or segmental topography.
Differential diagnosis supposed: pulmonary neoplasma (42%), pulmonary tb (28,5%) cases or pulmonary involvement in systemic (12,3%) diseases (one case). Although a rare pulmonary disease, lobar hypoplasia represents a distinguished issue that clinicians cannot afford to ignore.

P78. EMFIZEM BULOS PROGRESIV – PREZENTARE DE CAZURI

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Prezentăm principalele caracteristici ale unui caz de patologie distrofică pulmonară la un bolnav cu tuberculoză pulmonară asociată cu pneumotorax şi bronşiectazii. Am considerat cazul semnificativ din perspectiva secvenţei patogenice rapid derulate, care asociază leziuni tuberculoase, leziuni emfizematoase extinse, pneumotorax stâng (prin fistula bronho-pleurală), colaps pulmonar stâng, reexpansionare spontană (prin închiderea fistulei), bronşiectazii extinse secundare stângi, supuraţie, degenerescenţă buloasă, hiperinflaţie difuză, insuficienţa respiratorie, hipertensiune pulmonară. Se

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aduce în discuţie ponderea relativă a terenului pulmonar, tuberculozei şi chimioterapiei în patogenia acestui caz. Al doilea caz exprimă un emfizem primitiv atrofic cu disfuncţie ventilatorie mixtă severă (VEMS 80%) fără reversibilitate sub prednison, cu importante modificări distrofice bazale (emfizem panacinar), cu insuficienţă respiratorie hipoxemică şi hipertensiune pulmonară secundară. Pacientul are 38 ani, este fumător moderat (9 pachete - an) iar nivelul seric al α1-antitripsinei este normal.

P78. PROGRESSIVE BULLOUS EMPHYSEMA – CASES REPORTS

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We present the main features of a case of lung dystrophic pathology, in a patient with pulmonary tuberculosis, associating pneumothorax and bronchiectasis. We considered this case significant because of the fast evolution of the pathogenic sequence. This included: tuberculous lesions, wide emphysematous lesions, pneumothorax (produced by bronchi-pleural communication), left pulmonary collapse and its spontaneous remission (by closure of this bronchi-pleural communication), left wide secondary bronchiectasis, suppuration, bullous degenerative lessions, diffuse hyperinflation, respiratory failure, pulmonary hypertension.
We discuss the relative importance of the lung tissue quality, of the tuberculous lesions and the antituberculous therapy for the pathogenesis of this case.
The second patient presented with primary atrophic emphysema, severe mixed ventilator dysfunction (FEV 1 80%) with no reversibility after corticoid therapy (Prednisone) and with wide dystrophic lesions in the lower regions of both lungs (panacinar emphysema). He also presented hypoxemic respiratory failure and secondary pulmonary hypertension. The patient was 38 years old, was not a heavy smoker (9 packs/year) and had normal serum level of the α1-antitripsine.

P79. MODEL EXPERIMENTAL DE HIPERTENSIUNE PULMONARĂ INDUSĂ DE MONOCROTALINĂ LA ŞOBOLAN. ANALIZA MORFOMETRICĂ

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Obiective: analiza cantitativă a remodelării arteriolelor şi arterelor musculare pulmonare la şobolanii cu hipertensiune pulmonară indusă de monocrotalină.
Material şi metodă: Adminstrarea de monocrotalină la şobolani a indus o pneumonită difuză urmată de hipertensiune pulmonară. Şobolanii au fost sacrificaţi prin administrare intraperitoneală de pentobarbital la 3, 7, 14, 21, 28, 31 zile de la injectarea de moncrotalină. Analiza morfometrică cu o microviză specială a preparatelor tisulare pentru a calcula indexul de hipertrofie al arteriolelor şi arterelor musculare pulmonare.
Rezultate: Am inclus în studiu 42 de şobolani Wistar adulţi (10 în lotul martor, 32 injectaţi cu monocrotalină). Indexul de hipertrofie al şobolanilor martori a fost de 29,9%, al şobolanilor neinjectaţi - 29,4%, indexul total (dupa 31 de zile) al şobolanilor injectaţi a fost de 50,6%, reflectând o hipertrofie marcată a mediei.
Concluzii: Rezultatele obţinute validează modelul pe care l-am reprodus cu datele din literatură. Modelul ne va fi util pentru evaluarea eficienţei terapeutice a anumitor intervenţii terapeutice pentru hipertensiunea pulmonară primitivă.

P79. EXPERIMENTAL MODEL OF MONOCROTALINE INDUCED PULMONARY HYPERTENSION IN RATS. MORPHOMETRIC ANALYSIS

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Study objectives: to asses the morphologic changes in the medial layer of pulmonary muscular arteries in rats with pulmonary hypertension induced by monocrotaline.
Material and methods: The administration of subcutaneous monocrotaline induced diffuse pneumonitis followed by pulmonary hypertension.
The rats were sacrificed by intraperitoneal pentobarbital after 3, 7, 14, 21, 28, 31 days after the monocrotaline injection.
A special microvisa was used for the morphometric analysis to calculate a hypertrophy index.
Results: We included in our study a total of 42 adult Wistar rats (10 controls and 32 injected with monocrotaline). The hypertrophy index of the witness rats was 29.9 %, of the noninjected rats 29,4% and the total hypertrophy index of the monocrotaline injected rats was 50.6% reflecting marked medial hypertrophy.
Conclusions: The results validate our experimental model with the published literature. This is a useful model for further assessment of various therapeutic interventions.

P80. CONSIDERAŢII CLINICE, DIAGNOSTICE ŞI TERAPEUTICE ASUPRA EMPIEMULUI PLEURAL ÎN CAZURILE INTERNATE ÎN INSTITUTUL DE PNEUMOLOGIE "MARIUS NASTA" ÎN PERIOADA 1999-2000

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Scopul lucrării: evaluarea tratamentului medico-chirurgical în rezolvarea empiemelor pleurale în concordanţă cu stadiul evolutiv al acestora.

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Se prezintă experienţa clinicii noastre pe o perioadă de 2 ani (1999-2000) în tratarea a 208 pacienţi diagnosticaţi cu empiem pleural.
Rezultate: dintre cei 208 pacienţi 75% (156) au fost internaţi în serviciul de chirurgie toracică, restul de 25% (52 de pacienţi) fiind internaţi în secţia medicală. S-a constatat o predominanţă a empiemelor pleurale libere (57%) comparativ cu cele închistate (43%). În ceea ce priveşte etiologia, peste jumătate din cazuri (55%) au fost empieme parapneumonice, urmate de empieme post-operatorii (15%), tumorale (8%), post-traumatice (7%) şi tuberculoase (6%); în 9% din cazuri etiologia empiemelor nu a putut fi precizată. Agenţii etiologici întâlniţi în empiemele pleurale au fost: Streptoccocus pneumoniae 13%, Pseudomonas aeruginosa 3%, Stafilococi 3% şi alţi coci gram pozitivi 21%. În 60% din cazuri agentul etiologic nu a putut fi precizat, dar trebuie menţionat că în această categorie se înscriu germenii anaerobi.
Tratamentul chirurgical a constat în decorticare pleurală (41%) sau drenaj pleural asociat cu lavaj local în 59% din cazuri. Numărul mediu al zilelor de spitalizare în clinica de chirurgie toracică a fost de 20,4 zile comparativ cu 30,6 zile în secţiile medicale.
Concluzii: tratamentul medical conservativ se adresează numai stadiului I de empiem pleural şi nu trebuie prelungit inutil. Chirurgicalizarea este inevitabilă în stadiul II şi III iar momentul şi tipul intervenţiei, pregătirea pre- şi post-operatorie trebuie realizate printr-o coordonare între pneumolog şi chirurg.

P80. CLINICAL, DIAGNOSTICAL AND THERAPEUTIC CONSIDERATIONS IN WHAT CONCERN PLEURAL EMPYEMA AT PATIENTS HOSPITALISED IN "MARIUS NASTA" INSTITUTE OF PNEUMOLOGY, IN 1999-2000

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The aim of the study: the evaluation of the medical and surgical treatment in solving the pleural empyemas according to their evolution status.
We present our clinic's experience for 2 years (1999-2000) in treating 208 patients that have been diagnosed with pleural empyema.
Results: from the 208 patients, 75% (156) have been hospitalised in the thoracic surgery department having pleural empyema, the rest of 25% (52 patients) have been hospitalised in the medical department.
We found that the free pleural empyema were predominant (57%) compared to the loculated ones (43%). Concerning the ethiology, more than half of cases (55%) were parapneumonic empyema followed by post-surgical (15%), tumoral (8%), post-traumatic (7%) and post-tuberculosis (6%); in 9% of the cases the ehiology of the empyema couldn't be precised.
The ethiologic agents met in the pleural empyema have been: Streptoccocus pneumoniae (13%), Pseudomonas aeruginosa (3%) and Stafilococci (3%) and other undetermined positive gram cocci (21%). In 60% of the cases the ethiologic agent could not be precised, but we have to mention that this category included the anareobic germs. The surgical treatment was the pleural decortication (41%) or pleural drainage associated with local lavage in 59% of the cases.
The average number of the hospitalisation days in the thoracic surgery was 20,4 days, compared with 30,6 days in the medical departments.
Conclusions: the conservative medical treatment is good only for the stage I of the pleural empyema and it shouldn't be prolonged to much time. The surgical treatment cannot be avoided in stage II and III and the moment and the tipe of intervention as well as the preparations before and after the operation have to be done with a strong coordination between the pneumologist and the thoracic surgeon.

P81. REZECŢIA DE TRAHEE: REZOLVAREA CHIRURGICALĂ A TUMORII TRAHEALE

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Se prezintă un caz de tumoră traheală benignă – cilindrom, cu particularităţile legate de tratamentul chirurgical. Este vorba despre un pacient de 35 ani, care se internează pentru dispnee de repaus predominant inspiratorie, observată de peste 3 ani (şi diagnosticată ca astm bronşic), asociată cu tuse cu expectoraţie hemoptoică.
Investigaţiile imagistice (tomografie în plan bronşic şi tomografia computerizată) precum şi fibrobronhoscopia au evidenţiat o formaţiune tumorală în treimea medie a traheei, cu baza largă de implantare (3,5 cm) realizând o obstrucţie subtotală. Se suspicionează un carcinoid traheal, se apreciază riscul tratamentului chirurgical în raport cu riscul evoluţiei naturale (obstrucţie traheală sau hemoptizie fudroaiantă) şi se decide totuşi intervenţia chirurgicală. Se practică rezecţia traheală (de 4 cm) cu anastomoză termino-terminală.
Evoluţia postoperatorie imediată a fost favorabilă, iar controlul endoscopic la 6 luni a arătat tranşa de sutură şi lumen traheal normal.
Particularitatea cazului: formaţiune tumorală benignă (histopatologic: cilindrom) a cărei manifestare clinică a fost interpretată mult timp ca un sindrom bronhospastic.
Dificultatea tratamentului chirurgical a fost dată de:
- localizarea tumorii în treimea medie a traheii – considerată ca cea mai dificilă porţiune de abord chirurgical;
- întinderea mare a tumorii cu rezecţie de 4 cm a traheii şi anastomoză cap la cap;
- tehnica anestezică utilizată.

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Concluzii: tratamentului ideal în tumorile traheale este cel de rezecție chirurgicală a traheei cu anastomoză termino-terminală.

P81. TRACHEAL RESECTION. SURGICAL TREATMENT FOR TRACHEAL TUMOR

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A traheal tumour is presented in a benign cilindrom form, with its particular features linked to the surgical treatment. We talk about a 35 years patient who is being hospitalised for dyspnoea predominantly inspiratory, observed for more than 3 years (and diagnosed as bronchique asthma) associated with cough with haemoptoique expectoration. The immagistic investigations (tomography in bronchique plan and the computer tomography) as well as fiberbronchoscopy showed out a tumoral form at 1/3 of the trachea, with a larllge base form implantation (3,5 cm) leading to a subtotal obstruction. We suspect it to be a tracheal carcimoma, we realise the risk of the surgical treatment compared to the natural evolution (tracheal obstruction or haemoptysis) and we decided nevertheless to interfere surgically. We decided the tracheal resection. The post-surgical evolution shortly after was favourable, and the endoscopic control after 6 months showed a suture instalment and a normal tracheal lumen.
The peculiarity of the case: the benign tumoral form (histopatological: cilindrom) whose clinical manifestation has been interpreted for a long time as a bronchospastic syndrome. The difficulty of the surgical treatment was given by:

- the location of the tumour at 1/3 of the thrachea, considered to be the most difficult part for the surgical approach;
- the great area or the tumour with a 4 year resection of the trachea and
- anestezic technique used;

conclusion: the elected treatment for the tracheal tumours is the surgical resection of the treachea with termino-terminal anasthomosis.

P82. PREVALENȚA SIMPTOMELOR RESPIRATORII ÎNTR-UN EȘANTION REPREZENTATIV DE POPULAȚIE ADULTĂ RURALĂ

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Scop: calcularea prevalenței (P) pentru wheezing (W), tuse (C), dispnee (Di) și opresiune toracică (TO); analizarea relației acestor simptome cu astmul bronșic (AB) și bronșita cronică (BC). Subiecți: 1001 (439 bărbați, B), eșantion reprezentativ pentru o populație rurală adultă, eșantion obținut utilizând listele electorale. Metode: chestionarul ECRHS și efectuarea testelor funcționale respiratorii (CV, VEMS, VEMS/CV, MEF50). Rezultate (vezi tabelul):

Simp-tome	P %	B %	F %	NF %	V<30 %	V>50 %	AB %	BC %	RS %	PAP %
W	10.08	57.4	50.5	49.5	99.0	1.0	27.7	43.6	47.5	43.6
DI	12.08	34.7	31.4	68.6	3.3	75.3	16.1	29.7	37.7	30.08
T	21.27	53.1	45.5	54.5	7.04	65.7	13.1	57.7	45.5	65.7
OT	9.39	34.0	22.3	77.7	7.4	73.5	11.2	27.7	41.5	71.3

V: vârsta, F: fumător, NF: nefumător, SR: sindrom rinosinusal, AP: expunere profesională la poluanți

Concluzii: tusea cronică a fost cel mai frecvent simptom respirator raportat; W, OT și DI au prezentat aproximativ aceleași valori ale prevalenței. Simptomele respiratorii raportate s-au asociat mai mult cu AP, SR și BC decât cu AB (cu excepția T). Aceste rezultate sugerează necesitatea de a reconsidera semnificația diagnostică a simptomelor respiratorii afirmate.

P82. PREVALENCE OF RESPIRATORY SYMPTOMS IN A REPRESENTATIVE SAMPLE OF ADULT RURAL POPULATION

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Aim: to find out the prevalence(P) of wheezing(W), cough (C), dyspnoea (DY)and thoracal oppression (TO); to analysed their relationships with asthma bronchiale(AB) and chronic bronchitis (CB). Subjects: 1001 (439 males), a representative sample of a rural population obtained from the electoral role. Methods: ECRHS questionnary and performance of lung function tests (VC, FEV1, FEV1/VC,MEF50). Results (see table):

Symp-toms	P %	Males %	S %	NS %	A<30 %	A>50 %	AB %	CB %	RS %	PAP %
W	10.08	57.4	50.5	49.5	99.0	1.0	27.7	43.6	47.5	43.6
DY	12.08	34.7	31.4	68.6	3.3	75.3	16.1	29.7	37.7	30.08
C	21.27	53.1	45.5	54.5	7.04	65.7	13.1	57.7	45.5	65.7
TO	9.39	34.0	22.3	77.7	7.4	73.5	11.2	27.7	41.5	71.3

A: age, S: smoker, NS: nonsmoker, RS: rhinosynusal syndrom, PAP : professional air pollution

Conclusions: chronic cough was the most frequently reported respiratory symptom; W,TO and DY showed very closed prevalence values. Respiratory symptoms were more frequently reported in association with PAP, RS and CB than with AB (except TO). These findings suggest the necessity to reconsider the diagnostic significance of the reported respiratory symptoms.

P83. APORTUL MIJLOACELOR DE INVESTIGAȚIE ÎN STABILIREA DIAGNOSTICULUI EPANȘAMENTELOR PLEURALE

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Autorii au studiat retrospectiv 454 de bolnavi internați în secția a V-a a Inst."M. Nasta" în perioada 01.01.1997–31.10.2001 cu diagnosticul de epanșament pleural, care au

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reprezentat 9,4% din totalul internărilor. 6% dintre epanşamente au fost transudate iar 94% exudate. Din totalul pleureziilor 53% au fost de natură tuberculoasă iar 28% de natură neoplazică. Restul pleureziilor au fost în număr mult mai mic, fiind reprezentate de pleurezii parapneumonice (5%), posttraumatice (3%) în cadrul colagenozelor (1%), postembolice (0,4%) şi parazitare (0,4%). În ciuda investigaţiilor efectuate 5 % dintre pleurezii au rămas de etiologie necunoscută. Confirmarea diagnosticului etiologic s-a făcut cu ajutorul examenului bacteriologic al lichidului pleural (9% PL.TBC), ex.citologic (61% din PL.neoplazice), biopsiei pleurale (43% PL.TBC şi 26% PL neoplazice) pleuroscopiei (17% Pl.TBC şi 21% PL neoplazice) examenelor imunologice ale datelor clinicoanamnestice. S-a observat o creştere progresivă a ratei de confirmare histopatologică de-a lungul celor 5 ani datorită apelării mai frecvente la examenul bioptic ţintit cu ajutorul pleuroscopiei.

P83. STUDY OF THE CONTRIBUTION OF INVESTIGATING METHODES FOR THE DIAGNOSIS OF PLEURAL EFFUSION

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The authors made a retrospective study on 454 patients hospitalized in the "M. Nasta" Institute Bucharest, the 5-th Departament, between 01.01.1997–31.10.2001, with the diagnosis of pleural effusion. They represented 9,4% of total admissions in the hospital. 6% of all pleural effusion were transsudates at 94% were exudates. From all pleural effusion 53% were TB and 28% malignant pleural effusion. The rest of pleural effusions were few, represented by parapneumonic effusions (5%), broncho-pulmonary suppurative processes (5%) posttraumatic effusions (3%), pulmonary emboli (0,4%), in the collagen vascular disease (1%) and parazitoses effusions (0,4%). In spite of investigations methodes 5% at exudative pleural effusions stang unknow cause.
The diagnosis were confirmed by bacteriologycal examination of pleural effusions (9% TB effusions) citologic examination (61% from malignant pleural effusions), pleural biopsy (43% from TB effusions and 26% from malignant effusions), pleuroscopy (17% from TB effusions and 21% from malignant effusions) and clinical anamnesis dates.
Were observed the growth more and more highest of histopatological confirmation report between 5 years owing to frequently use the pleuroscopy.

P84. AGENEZIE DE ARTERĂ PULMONARĂ – PREZENTARE DE CAZ

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Agenezia de arteră pulmonară este o malformaţie vasculară rară, caracterizată prin absenţa completă a arterei pulmonare şi a ramurilor acesteia sau prin persistenţa unui mic rudiment proximal. Fluxul sangvin pulmonar este suplinit cel mai frecvent de ramuri din arterele bronşice. Malformaţia se asociază frecvent cu plămân hipoplazic, dar se poate asocia şi cu alte malformaţii cardio-vasculare.
Prezentăm cazul unei paciente de 41 ani, asimptomatică până la aceasta vârstă, ce acuza dispnee progresivă de efort apărută cu 2 luni anterior internării în clinica noastră. Radiografia toracică a evidenţiat hipoplazie a plămânului stâng. Examenul computer-tomograf toracic a evidenţiat hipoplazie pulmonară stângă şi agenezie de arteră pulmonară stângă, cu hiperinflaţie compensatorie marcată a plămânului drept.
Angiografia pulmonară de contrast a confirmat agenezia arterei pulmonare stângi cu prezenţa unui mic rudiment de arteră pulmonară stângă şi hipertensiune pulmonară mică în artera pulmonară dreaptă.
Concluzii. Autorii prezintă cazul unei paciente cu o malformaţie vasculară congenitală rară, asimptomatică până la vârsta de 41 ani, malformaţie ce impune diagnostic diferenţial complex cu alte malformaţii congenitale şi anomalii dobândite.

P84. PULMONARY ARTERY AGENESIA – CASE REPORT

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Pulmonary artery agenesia is a rare vascular congenital anomaly, caracterised by total absence of the pulmonary artery and its branches or the persistence of a small proximal rudiment. The vascular supply is frequently from the bronchial arteries. The anomaly is usually associated with pulmonary hypoplasy, but it can be associated with other cardio-vascular anomalies.
The authors present a 41 years old female pacient, asymptomatic 2 months prior to admission in our hospital, when she developed progressive exercise dyspneea. The thoracic radiography showed left pulmonary hypoplasis. Thoracic scanner also showed left pulmonary hypoplasis and left pulmonary artery agenesis with compensatory hyperinflation of the right lung.
Pulmonary angiography confirmed the left pulmonary artery agenesis with the persistance of a small rudiment and low pulmonary hypertension in the right pulmonary artery.
Conclusions: The authors present the case of a female patient diagnosed with a rare congenital vascular anomaly, asymptomatic untill 41 years old, anomaly which impose a complex differential diagnosis with other congenital or acquired anomalies.

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P85. IMPLICAŢII MEDICO-SOCIALE ALE BOLILOR PULMONARE CRONICE CU EXTINDERE ÎN MASĂ ÎN ROMÂNIA

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Bolile pulmonare cronice reprezintă o povară pentru individ şi pentru societate care trebuie să cuantifice afectarea calităţii vieţii, reducerea productivităţii, concomitent cu creşterea costurilor pentru sănătate. Răsunetul socio-profesional este important în primul rând prin absenteism. Din totalul zilelor de incapacitate temporară de muncă în anul 2000 tuberculozei i se datorează 3.7%, cancerului bronhopulmonar 1.84% iar bolilor pulmonare obstructive cronice 6.5%. Impactul economic al acestor boli rezultă din costurile directe, cele medicale, costurile indirecte determinate de morbiditate şi pierderi ale productivităţii muncii şi costurile intangibile asociate aspectelor psihosociale ale bolii. În cazul tuberculozei costurile medicale ale unui pacient variază, în medie de la 10.000.000 lei/an (caz nou) la 133.000.000 lei / an (cronic). Tratamentul cronic (la un minim necesar) al unui pacient cu BPOC = 6.879.012 lei/an, al unui pacient astmatic = 3.400.000 lei/an iar în cazul cancerului bronhopulmonar o cură citostatică = 34.000.000 lei. La acestea se adaugă cheltuielile legate de exacerbări: medicale – 3.000.000 lei/episod acut, investigaţii şi zile de spitalizare plus cheltuieli imprevizibile legate de necunoaşterea exactă a numărului de bolnavi (cu exceptia tuberculozei). În concluzie patologia pulmonară menţionată este foarte costisitoare pentru România, o ţară cu un buget redus pentru sănătate. O mai mare atenţie acordată laturii preventive şi asistenţei la domin ciliu, mult mai accesibile financiar, (chimioprofilaxie – 3.600.000 lei, vaccinare antigripală – 96.000 lei, vaccinare antipneumococică – 150.000 lei, stopare fumat – 1.350.000 lei etc.) ar putea diminua în perspectivă costurile ridicate pe care le implică cel mai important segment al patologiei pulmonare.

P85. SOCIAL – MEDICAL IMPLICATIONS OF CHRONIC PULMONARY DISEASES WITH MASS EXTENSION IN ROMANIA

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The chronic pulmonary diseases represent a burden for individual and society that has to quantify the effect on life quality, productivity reduction, together with the increase of the health cost. The socio-professional impact is important firstly by absenteism. Out of the total days of temporary disability 3.7% is due to tuberculosis,1.84% to pulmonary neoplasm and 6.5% to the chronic obstructive pulmonary diseases. The economic impact of these diseases results out of the direct costs, medical one, indirect costs determinate by morbidity and loses connected with the working productivity and untouchable costs associated to the psychosocial aspects of the disease. In tuberculosis patients, the average medical costs varies from 10.000.000 lei/year (new cases) to 133.000.000 lei/year (chronic). The chronic treatment (minimum need) of a patient with COPD = 6.879.017 lei/year, of an asthmatic patient = 3.400.000 lei/year and a cytostatic cure in the pulmonary neoplasm = 34.000.000 lei/year. We can add to these the expenditures related to excesses such as = 3.000.000 lei/acute episode including medicines, investigations and hospitalization day together with unexpected expenditures regarding the lack of exact knowledge on the number of patients (excepting the tuberculosis).To conclude,the mentioned pulmonary pathology is very expensive for Romania, a country with a reduced health budget.A greater attention paid to prevention and to residence care that are much more accessible financially (chemoprophylasis – 3.600.000 lei / year, vaccination anti-flu = 96.000 lei, anti-pneumococical = 150.000 lei, smoking cessation = 1.350.000 lei) could decrease the high costs implied the most important segment of the pulmonary pathology.

P86. CONSIDERAŢII PRIVIND ROLUL TOMOGRAFIEI COMPUTERIZATE SPIRALE ÎN DIAGNOSTICUL TROMBOEMBOLISMULUI PULMONAR

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Trombembolismul pulmonar (TEP) este una din cele mai frecvente afecţiuni pulmonare acute la adult. Incidenţa reala a TEP este dificil de stabilit pe datele clinice, iar mijloacele convenţionale de diagnostic nu pot releva decât 30% din episoadele embolice. Astăzi există noi mijloace de investigaţie printre care şi tomografia computerizată (TC) spirală. Am încercat să analizăm rolul TC spirale în diagnosticul TEP într-un studiu retrospectiv (2000-2001) la bolnavi din Institutul de Pneumologie "Marius Nasta" Bucureşti, cu acest diagnostic de externare. Au fost studiate 21 cazuri, toate fiind investigate TC iar la 85.7% din ele argumentul esenţial diagnostic fiind oferit de aceasta. Ea permite şi detectarea locului obstrucţiei arteriale: trunchiul a. pulmonare, ramurile principale 4 (19.1%), lobare 9 (42.8%), segmentare 2 (16.4%). Au fost analizate modificările apreciate ca tipice pentru imaginile TC diagnosticul fiind mai des întâlnit la bărbaţi 15 (71.4%) cu o medie de vârstă de 50 ani. Manifestările clinice cele mai frecvente au fost: tusea 19 (90.5%),

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dispneea 18 (85.7%), junghiul toracic 17 (81.0%), sputele hemoptoice 13 (61.9%) şi febra 13 (61.9%) ce sunt comune şi altor afecţiuni pulmonare. Tromboflebita s-a întâlnit la 66.7% din bolnavi. Aspectele radiologice au fost cele clasice. De precizat că 28.6% din cazuri prezentau doar pleurezie. În concluzie TC spiral este o metodă utilă de diagnostic în TEP având avantajul unei explorări neinvazive şi fiind mult mai accesibilă decât examinarea arteriografică.

P86. CONSIDERATIONS REGARDING SPIRAL CT ROLE IN PULMONARY THROMBEMBOLISM DIAGNOSIS

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Pulmonary thrombembolism (PTE) is one of the most frequent acute pulmonary diseases at adult. The real incidence of PTE is difficult to establish on clinical aspects knowing that only 30% of embolic episode can be diagnosed through conventional methods. Today are known a lot of new investigation methods including spiral CT. Based on this hypotesis we want to analyze the role of spiral CT in PTE diagnosis in a retrospective study (2000-2001) in patients with this disease from "Marius Nasta" Institute of Pneumology. We studied 21 cases. All the patients were investigate by CT spirale, at 85.7% of those the final diagnose argument was relieved by that. It also permitted to detect the place of arterial obstruction: pulmonary trunk and main arteries 4 (19.1%), lobar arteries 9 (42.8%), segmental arteries 2 (16.4%). We analyzed the aspects which are considered characteristic on CT for this diseases. This diagnose was more frequent on men 15 (71.4%), with an age average of 50 years. The most frequent symptoms were: cough 19 (90.5%) breathlessness 18 (85.5%), thoracic pain 17 (81.0%), haemoptysia 13 (61.9%), fever 13 (61.9%) which are common to other pulmonary diseases. Thrombophlebitis as a risk factor was registered in 66.7% of patients. The radiological aspects were the classic one. It is interesting to precise that 28.6% of cases presented only pleural effusion. In conclusion spiral CT is an useful method in PTE diagnosing as a noninvasive and more available investigation than arteriographic exam.

P87. ABORDUL TRANSSTERNAL AL FISTULEI DE BONT BRONŞIC DUPĂ PNEUMONECTOMIE

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Autorii prezintă o modalitate alternativă (versus toracoplastii – toracomioplastii). În clinica de chirurgie toracică a Institutului "Marius Nasta" s-au efectuat în perioada ianuarie 2001 - decembrie 2001 148 rezecţii pulmonare pentru neoplasm bronhopulmonar din care 50 pneumonectomii (33.78%).
Evoluţia postoperatorie a fost favorabilă cu excepţia a 5 cazuri (3.37%) la care a apărut fistula bronşică. La trei dintre aceştia s-a practicat abord transsternal pentru închiderea fistulei cu evoluţie postoperatorie favorabilă. Autorii prezintă indicaţiile şi contraindicaţiile acestui procedeu.

P87. TRANSSTERNAL APPROACH IN THE TREATEMENT OF POSTPNEUMONECTOMY BRONCHIAL FISTULA (PPBF)

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The authors present an alternative method (versus classic surgical methods: thoracoplasty, thoracomyoplasty) in the treatment of PPBF.
In our clinic during the period january 2001-december 2001, 148 patients underwent pulmonary resections for lung cancer, in 50 of these (33,78%) pneumonectomy was performed.
Postoperative evolution was good excepting 5 patients (3,37%) who developed a postoperative bronchial fistula. In 3 patients we adopted the transsternal approach for closing the bronchial fistula, with very good results. The authors presented indications and contraindications of these method.

P88. MANIFESTĂRI PULMONARE ÎN PATOLOGIA CHIRURGICALĂ A JONCŢIUNII ESOGASTRICE CU MANIFESTĂRI PULMONARE

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Autorii prezintă 10 cazuri internate în Institutul Naţional de Pneumologie "M. Nasta" pentru suferinţe pulmonare diverse: empiem, abces pulmonar, bronşiectazii, tuse de etiologie neprecizată, BPOC cu acutizări neinfecţioase severe frecvente. Tratamentul standard adresat suferinţei pulmonare a fost ineficient. Explorarea completă a acestor pacienţi a demonstrat prezenţa unei patologii de joncţiune esogastrică: achalazie a cardiei, hernie hiatală, boală de reflux gastroesofagian. Cura chirurgicală pe cale

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laparoscopică a acestor afecţiuni a condus la rezolvarea patologiei pulmonare.
În concluzie, maladii pulmonare diverse pot avea în realitate origine digestivă, soluţia terapeutică eficace fiind cea chirurgicală.
În acest sens autorii propun un protocol de colaborare pneumolog-chirurg.
Cazurile sunt amplu documentate video.

P88. PULMONARY MANIFESTATIONS OF THE ESO-GASTRIC JUNCTION SURGICAL PATHOLOGY

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The authors present 10 cases admitted in the National Institute for Pneumology "M.Nasta" for various pulmonary diseases: empyema, abscess of the lung, bronchiectasis, COPD with frequent and severe non-infectious acute episodes, cough of unknown etiology. The standard treatment of the pulmonary disease was inefficient. Complete exploration of these patients revealed existent pathology of the eso-gastric junction, such as: achalasia, hiatal hernia, gastro-esophageal reflux disease. Surgical laparoscopic treatment of these diseases led to the cure of the pulmonary pathology.
The conclusion is that different pulmonary diseases can appear due to a digestive cause, the efficient therapeutical solution being surgery. Further, the authors propose a collaboration protocol between the pneumologist and the surgeon. The presented cases have wide video presentations.

P89. TORACOSCOPIA – STUDIU RETROSPECTIV

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Lucrarea este o analiză retrospectivă a 150 de cazuri de toracoscopii cu scopul de a evalua rezoluţia diagnostică a metodei şi posibilităţile terapeutice asociate. Lotul de studiu a cuprins sindroame lichidiene pleurale, tumori pleuropulmonare şi mediastinale, pneumotorax. A fost comparată histopatologia prin puncţie-biopsie pleurală cu biopsia toracoscopică ţintită. În unele cazuri toracoscopia a avut şi scop terapeutic (adezioliza, drenaje pleurale, chimioterapia intrapleurală).
Toracoscopia este o metodă valoroasă de diagnostic şi, deseori, permite efectuarea unor manevre terapeutice complementare.

P89. THORACOSCOPY – A RETROSPECTIVE STUDY

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The work is a retrospective analysis of 150 pacients who underwent thoracoscopy with the purpose of evaluation of the method's diagnostic resolution and the associated therapeutical possibilities. In this group were included pleural effusions, pleuropulmonar and mediastinal tumors, pneumothorax. The histological results of pleural needle biopsy and aimed thoracoscopy had terapeutical purpose (adesiolysis, pleural drainage, intrapleural chemotherapy). Toracoscopy is a valuable mhetod for diagnosis and, often, allows complementary therapeutical actions.

110. SOCIAL, CLINICAL, RADIOLOGICAL AND OTHER CHARACTERISTICS OF PATIENTS (pts) ORIGINATING FROM WAR AFFECTED AREAS (WAA) SUFFERING FROM PULMONARY TUBERCULOSIS (pTB) COMPARED WITH THE GENERAL POPULATION (GP)

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Introduction: Pts from WAA are under higher risk than the GP to develop extended forms of pTB due to chronic stress, poor socio-economic conditions, late detection of the disease etc. Aim: to find out the differences (social, clinical, radiological, disease outcome etc.) between pts from WAA and the GP suffering from pTB. Method: Analysis of the medical files of pts with pTB-137 from WAA (I) and 212 from the GP (II) treated between 1993 and 1998. Results: male pts 86% (I), 69% (II); mean age 48 years (I),51 years (II), average length of hospital treatment in days: 67 (I), 58 (II). Cachexy on admission was present in 10% (I) and 4% (II) -$p<0,05$. The diagnosis of pTB was established bacteriologically and/or hystologically as well as according to chest X-ray image and response to anti-TB drugs. There were 33% (I) and 21% (II) relapses - $p<0,05$. Very extended forms of the disease were present in 56% (I), 37%(II) -$p<0,01$; cavernous lesions in 64% (I), 50% (II) -$p=0,01$; multiple cavernas in 39% (I), 20% (II) - $p<0,01$; bilateral localisation in 57% (I), 43% (II) - $p=0,01$; involvement of the pleura in 25% (I), 8% (II) -$p<0,01$; involvement of other organs than pleura-1% in both groups. There were no significant differences in comorbidity between I and II. Fatal outcome occurred in 6% in both groups. Conclusion: Expressive male dominance, prolonged hospital treatment, high prevalence of relapses, very extended forms of the disease and presence of cavernous lesions are the main well-marked characteristics in pts with pTB from WAA.

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111. FROM SURVEILLANCE TO TUBERCULOSIS CONTROL IN LATVIA 1991-2001

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Aim. To demonstrate development of the National Tuberculosis Control Programme (NTP) strategies based on data obtained from tuberculosis (TB) surveillance.
Results. The highest increase of TB incidence rate was observed in year 1993–14.8% and 1994–32.4%, TB mortality 40.8% in 1994. Improper treatment, high default rate 42%-1994; 37%-1995 resulted in outbreak of multidrug resistant (MDR) TB, 144 new cases was registered in 1994; 257 in 1995.
First document of NTP based on WHO guidelines was developed in 1994. It included: passive case finding; reporting and recording; short-course chemotherapy of TB. Revaccination with BCG was cancelled, discontinued yearly tuberculin screening for all children. The WHO/IUATLD Global survey on drug resistance in 1996 showed that Latvia have had the highest rate of MDR-TB in the world: primary 14.4%, acquired 54%. New NTP with sound TB control policy based on DOTS strategy has been introduced countrywide since 1997. It included treatment for MDR-TB as well.
Results. Cure rate increased to 77.9%; default rate decreased to 4.5%; decreased number of new MDR-TB cases. Treatment success for MDR-TB cases reached 68%.
The third NTP document is worked out for years 2001-2005. Directions of NTP: Expansion of DOTS ambulatory. Institutional capacity building. Establishment of quality control in laboratories and curative services. The goal is to reduce TB burden in country and to prevent further development of MDR-TB.
Conclusion. The analysis of epidemiological data is useful tool for development of NTP policy and improves its management.

112. RISK FACTORS FOR ACQUIRED MULTI-DRUG RESISTANT TUBERCULOSIS IN LATVIA 1999-2000

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Background. In 1999, the incidence of acquired multidrug resistant tuberculosis (Aq-MDRTB) in Latvia was more then 25%, one of the highest in the world.
Methods. To investigate risk factors for the development of Aq-MDRTB, a prospective case-control study was initiated. Cases and controls were drawn from all civilian cases of pulmonary TB diagnosed 6/1999- 7/2000. Cases had MDR TB (resistant to at least isoniazid and rifampicin) with a history of previous treatment and not previously MDRTB. Controls had fully susceptible or monoresistant to INH or SM TB, a history of previous treatment, and also not previously MDRTB.
Results. 63 cases and 34 controls were enrolled. Of 63 cases, 46 (73%) were males, with a mean age of 46 years. None of the cases or controls were HIV-positive. History of alcohol use (OR=12,6; 95% CI=2,9-73,4; $p<0,05$) and lower mean age ($p<0,05$) were significantly associated with Aq-MDRTB. Cases and controls had similar rates of incomplete prior treatment (24% vs.22%), running away during a prior TB episode (36% vs. 29%), and the presence of a cavity at the end of prior treatment (68% vs. 50%). 100% of cases and controls had interrupted prior treatment. Conclusion. Cases were significantly younger and more likely to have a history of alcohol use than controls. Other social, behavioural, and clinical risk factors were not significantly different between cases and controls. Efforts are needed to improve treatment completion and decrease episodes of treatment interruption.

113. MULTIDRUG RESISTANT TUBERCULOSIS IN LATVIAN PRISONS.

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Background. Surveillance on drug resistance in Latvia has been started since 1997 for whole country including prison sector.
The data showed high incidence rate with multidrug resistant (MDR) tuberculosis (TB): primary 9% and acquired 27.4% in 2000. Treatment of MDR-TB with second line drugs was started in civilian sector in 1997, in prison in 1999.
Aim. To evaluate situation with MDR-TB and effectiveness of treatment in prisons.
Methods. We analysed laboratory data on drug susceptibility results for prisoners separately from civilians and treatment effectiveness for all patients who were started treatment in prisons years – 1999; 2000.
Results. Primary MDR-TB was: 15.7% in 1997; 11.7% in 1998; 7.6% in 1999; 3.3% in 2000; old patients with MDR-TB: 37.5%; 51.9%; 50.6%; 62.3% respectively.
Treatment outcomes. Treatment started 40 patients in year 1999, 38% of them later released; 31 started treatment in year 2000, 29% of them released. Results of treatment (excluded released): treatment success (cured and likely be cured): 52% in 1999; 68% in 2000; death 0% and 9%; failure 32% and 23%; default 16% and 0% respectively. Combined results (including patients who were released):

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treatment success 55% in 1999; 61% in 2000; death 3% and 6%; failure 20% and 19%; default 22.5% and 13% respectively.
Conclusion. Incidence with primary MDR-TB decreased in prisons still is high proportion of old MDR-TB patients. Final treatment success rate is low 55% and 61%, treatment interruption rate decreased.

114. TUBERCULOSIS CONTROL IN IASI COUNTY: OUTCOMES AFTER 2 YEARS OF DOTS IMPLEMENTATION

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Iaşi county is applying since 1998 the WHO strategy based on DOTS in the treatment of TB and is the first WHO TB project from Romania.
Aim: to evaluate the treatment outcome after implementation of the WHO recommendations.
Methods: analysis of data on case detection, bacteriological confirmation, conversion of sputum and final treatment outcomes registered.
Results: in 1998 from 788 pulmonary new TB cases 86.3% were successfully treated, 3% defaulted, 4% died. From 105 relapses 70.5% were successfully treated, 5.7% defaulted, 9.5% died. Sputum conversion at T2 was 91,3% for the new cases and of 90,6% at T3 for relapses.
In 1999 from 798 pulmonary new cases registered, 87.8% were treated with success, 3.6% defaulted and 2.8% died. From 181 relapses, 75.1% registered successfully treatment, 9.4% defaulted and 6.1% died.
Conclusions: - the WHO strategy based on DOTS was efficient in Iasi county; the experience of the first TB pilot project suggests that WHO recommendations are feasible and have satisfactory results in countries with a high TB notification rate.

115. PCR FOR DIAGNOSIS OF M. TUBERCULOSIS ON NON-RESPIRATORY SPECIMENS

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Objective: To examine sensitivity and specificity of a commercial PCR (polymerase-chain reaction) for M. tuberculosis (MTB) on non -respiratory and on respiratory specimens.
Introduction: Diagnostics of MTB by PCR (Cobas Amplicor Roche) on sputum, BAL and bronchial secretions is rapid and effective. This method has been used on respiratory specimens at Karolinska Hospital since 1996. Its sensitivity and specificity was now investigated on non-respiratory specimens.
Materials and methods: In 1998 were 1315 specimens examined by MTB-PCR: 767 respiratory and 548 non-respiratory. All specimens were cultured according to conventional methods on Löwenstein-Jensen and/or Bactec media. MTB-PCR was performed according to the recommendations of the manufacturer (Cobas Amplicor, Roche Diagnostics Scandinavia).
Results: MTB-PCR compared to culture on various specimens

Specimen	n	TB-culture +		TB-culture -		Sensitivity %	Specificity %
		PCR +	PCR -	PCR +	PCR -		
Gastric lavage	39	4	3	0	32	57	100
Urine	66	1	1	1	63	50	98
Puncture aspirate	224	7	4	2	211	64	99
Tissue biopsy	129	9	10	2	108	47	98
Secretion	70	9	5	0	56	64	100
Other	20	3	1	0	16	75	100
Total (n)							
Non-respiratory	548	33	24	5	486	58	99
Respiratory	767	79	9	8	671	90	99

Discussion: MTB-PCR was highly specific on all types of specimens. Sensitivity was high on respiratory but lower on non-respiratory specimens, probably because of less effective DNA-preparation, lower numbers of mycobacteria, and presence of inhibitors in tissue specimens.
Conclusion: MTB-PCR was as specific on non-respiratory as on respiratory specimens, but its sensitivity was lower. Time gain is considerable with positive PCR, but negative PCR does not exclude tuberculosis.

P122. EXTRAPULMONARY TUBERCULOSIS: INCIDENCE, LOCALIZATION AND DRUG RESISTANCE

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The incidence of extrapulmonary tuberculosis has increased in Belarus last years. More than 10,0% of TB patients had associated or isolated extrapulmonary localization last year. Extrapulmonary tuberculosis is usually resulted from secondary reactivation of primary lung disease by septic hematogenic or lymphogenic spreading of infection. However almost all of extrapulmonary TB patients had normal chest X-ray.

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In year 2000 tuberculosis osteoarthritis was the most frequent form of the disease (34,4%), followed by TB of urogenital and female genital tract (29,4%), peripheral lymph node (21,9%), eyes (13,2%). The most rare form of extrapulmonary TB was meningitis.
The diagnosis of TB was established using clinical symptoms, radiological (including MRJ), laboratory studies and diagnostic biopsy. Synovial fluid, urine, lymph node and osteitis puncture specimens were cultured. 71,7% of the cultures were negative. We determined secondary drug resistance in 90,0% and multidrug resistance in 33,3% of isolated MBT strains.

P123. TUBERCULOSIS AND WAR

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Even today, tuberculosis represents a great health problem in the world as well as with us, and in regions caught by war it reaches the level of the most serious and most spread types.
The aim of this work is to show the most significant characteristics and types of tuberculosis with patients treated in our Clinics during the war, and to compare them with pre-war and post-war period, as well as with the similar researches cited in literature.
A group was analyzed of 1024 persons sick with tuberculosis that were treated in our Clinics during the war period, i.e. between 1992 and 1996.

The results show that during that period male persons were much more often sick, about 70 percent, and almost a half of them, about 45 percent were persons subject to military service, while out of the total number of the treated over 50 percent were refugees and displaced persons. During that period, younger persons were catching tuberculosis with average age of 40 years. Over 70% were serious types of, already spread on both sides, tuberculosis characterized by fibrous, caseous & cavernous formations checked by direct microscopy & high specific cultures. During this period, there were more than 7 percent of relapses, while mortality rate during the same period was of about 5 percent.

From given results, it is obvious that the war as an event has a great influence on significant characteristics of tuberculosis, above all in considerable occurrence of serious types of spread tuberculosis in younger age groups, with increased number of relapses and lethal exit, especially with persons subject to military service and refugees and displaced persons, which confirms that psycho-traumas and poor social conditions encourage the occurrence of serious types of tuberculosis.

P124. EPIDEMIOLOGICAL DYNAMICS OF UROGENITAL TUBERCULOSIS IN REPUBLIC OF BELARUS

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Last years the problem of extrapulmonary tuberculosis is very important because of sharp increase of tensity in whole tuberculosis epidemiological situation. Urogenital tuberculosis occupies a significant place in structure of extrapulmonary tuberculosis as before. There is dynamics of urogenital tuberculosis in Belarus: 1984 – 1,7 per 100 000 of population; 1985 – 2,3; 1986 – 1,6; 1987 – 1,4; 1988 – 1,3; 1989 – 1,3; 1990 – 1,2; 1991 – 1,4; 1992 – 1,1; 1993 – 1,0; 1994 – 1,0; 1995 – 1,65; 1997 – 1,7; 1998 – 1,6; 1999 –1,5; 2000 – 1,2. It is impossible to consider the epidemic situation in urogenital tuberculosis as favourable one because of complication availability of main process and high percentage of accompanying pathology. Incidence rate has decreased by 43% from 2,1 to 1,2 per 100 000 last 10 years. The most decreasing of index is observed in Gomel, Mogilev and Minsk regions. The groups of patients with urogenital tuberculosis accounted in antituberculosis dispensary observation decreased by 34,1% and numbered 12,2 per 100 000 in 2000. A change for the worse in detecting this pathology in common hospitals is one of the negative tendency reasons. Correlation absence of intensive incidence rates between this pathology and pulmonary tuberculosis may testify about an insufficient revealing of urogenital tuberculosis. So in 1982 with the same incidence rate of pulmonary tuberculosis as in 2000 incidence rate of urogenital tuberculosis was 3,9 per 100 000 comparing with 1,2 per 100 000 in 2000.

P125. BCG VACCINATION AS AN ANTIEPIDEMIC MEASURE FOR TUBERCULOSIS IN YUGOSLAVIA

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There have been many controversial opinions concerning the importance of BCG vaccination in prevention of tuberculosis recently. It still remains one of the most important elements of all antiTB programs. As tuberculin testing was proved to have low sensitivity and specificity, WHO has recommended giving up the practice of vaccinating only tuberculin negative persons.

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In order to find out if these recommendation is advisable in our present conditions, we decided to examine the frequency of hypersensitive reactions in children in whom revaccination was performed without previous tuberculin testing.
The investigation included 763 children from 30 primary schools in our town, all from the IV class, to whom BCG revaccination was performed. Children were divided into two groups according to the previous tuberculin testing. The presence of local and regional postvaccinal reactions and the size of BCG scar in all vaccinated children was recorded one and six month after the vaccination.
The studied group, without previous PPD testing, consisted of 621 children (81%), while control group consisted of 142 children (19%).Comparing the frequency of local and regional postvaccinal reactions we found that local changes like erithema, edema, induration, pustulisation and crust were present in similar percentage in both groups ($p>0,1$), while the neck lymphadenomegaly was more frequent in control group (with previous PPD testing), 30 days as well as 6 month after the vaccination ($p<0,05$). Six month after the vaccination the size of the scar was 7,9 mm in the studied group and 7,2 mm in control group, and the difference between groups was not statistically significant.
The appearance of negative postvaccinal reactions in children without previous tuberculin testing is negligible. The recommendation of WHO that BCG vaccination should be performed without previous tuberculin testing is very much advisable in our region, despite the present conditions concerning the epidemiological situation nowadays in Yugoslavia.

P126. TUBERCULOSIS SURVEY IN DRUG ABUSERS

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Considering the drug abusers (DA) are a risk group for TB, since 1998 our Chest Disease Center surveys systematically, in collaboration with two Help Centers for Drug Abusers, all the DA that attend their consultations. We evaluated retrospectively the survey done from May 1998 to December 2000, which consisted of a Chest-Xray (CXR) and a tuberculin test (T.T.).
One thousand DA were surveyed in this period, 82.6% were male. We had a progressive annual rise in the number of DA surveyed. T.T. was done each time less from 1998 to 2000 (an 18.4% reduction) and exactly the contrary happened with the CXR.
Changes detected in the CXR of 11 of them conducted to the diagnosis of 5 cases (0.5%) of tuberculosis (4 pulmonary TB, 3 of them D+, and one pleural form). All of the patients diagnosed were HIV negative and T.T. had no role in diagnosis.
We concluded, between others, that the diagnosis of TB was done in a small number of the DA surveyed, that the contagious forms predominated and that the Chest-Xray was the most useful diagnostic tool.

P127. SURVEY OF BCG VACCINATION POLICY IN EUROPE: ACTUAL SITUATION IN THE YEAR 2001

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A survey based on a questionnaire was carried out in all European countries in 1994-1995 with the aim to evaluate the national BCG vaccination and revaccination programmes with special respect to the TB epidemiological situation. The question arose how the BCG vaccination policy had changed after 5 years and what was the actual situation in the same countries.
Methodology: A survey based on questionnaires was performed in 2001 with the help of TB specialists responsible for TB policy in each European country. The questionnaires were focused on BCG vaccination strategy, manufacturer of the BCG vaccine used, application of tuberculin tests and TB situation.
Results: Questionnaires were returned by 37 of the 51 countries (72,5%) in the WHO European Region. BCG vaccination programmes are uniform throughout the countries except one.
During the period 1995-2001 BCG vaccination strategy changed in 7 countries, in 5 of them from mass vaccination of neonates or older children to selective vaccination of subjects at high TB risk and in 2 countries vaccination is no more performed. Changes occurred in BCG revaccination policy, too. In 7 countries BCG revaccination was stopped and in 8 countries the frequency of revaccination was reduced.
The vaccination programs correspond mostly to the TB epidemiological situation even if in some countries with a favorable TB situation still mass BCG vaccination persists. In 22 countries mass vaccination of either neonates or older children is carried out, majority of these countries being in Central or Eastern Europe. In 11 countries selective vaccination of risk children is performed and BCG vaccination is not applied in 4 countries.
In 18 countries of 37 BCG revaccination is used, the number of revaccinations being mostly one, exceptionally two (2 countries) or three (one country). Tuberculin skin test are performed in 9 countries after primary vaccination as a proof of vaccination.

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Four BCG vaccines (SSI Copenhagen, Pasteur Mérieux, Glaxo-Evans and Stavropol Russia) are used in 25 countries, in the others vaccines of local production or no vaccines are applied.
Summary: Since 1995 BCG vaccination strategy started to change from mass vaccination programmes to selective ones aimed at high TB risk neonates or older children. Restricting tendency is also in BCG revaccination policy, either restricting revaccination at all or restricting the frequency of revaccinations.

P128. DEATH AMONG TUBERCULOSIS PATIENTS IN SPAIN

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Objectives: To describe outcome of anti-TB treatment, in particular death, in Spain.
Methods: Information on treatment outcome in a cohort of new TB cases identified in six Autonomous Regions between May 1996-April 1997 was gathered from clinical records and mortality registries. Treatment outcome was defined following European guidelines. Having a lost record or no information in it was considered as a potentially unsatisfactory outcome (PUO) unless the patient were dead.
Results: 4,899 new cases were included. Out of them, 3,417 (69.7%) had a satisfactory outcome, 436 (8.9%) died and 1,046 (21,4%) were classified as PUO. Important variations in treatment outcome were observed between regions, as well as by nationality, age group, site of disease, HIV status and history of intravenous drug use or alcohol abuse. Mortality from any cause was higher in HIV(+) patients (21.5% vs. 6.2% in HIV(-) and 7.4% in unknown HIV status). In the crude analysis mortality in the three groups was related to treatment regimen and presence of other medical condition; in addition an association with age and alcohol abuse was observed in cases with unknown HIV status.
Conclusion: Variations in treatment outcome were observed among subgroups of patients in Spain. The proportion of PUO is greater than recommended in European guidelines.

P129. THE EVALUATION OF THE ANNUAL PREVALENCE DESTRUCTIVE FORMS TUBERCULOSIS IN UKRAINE

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Institute of tuberculosis and pulmonology, Ukraine

The tuberculosis incidence in Ukraine for last 5 years is not decreasing and was increased on 31,1 % (from 45,8 per 100000 in 1996 to 60,1 per 100000 in 2000, P<0,01). The aim of the investigation was to study the destructive (DT) and fibro-cavernous (FCT) tuberculosis prevalence in Ukraine for period 1996-2000 by statistical methods. The DT prevalence was increased on 26,6 % (from 55,1 in 1996 to 69,8 per 100000, P<0,01) and in urban population to a great extent more- on 31,5 % (from 49,1 to 64,6 per 100000, P<0,01), than in rural people – on 18,8 % (from 67,9 to 80,7 per 100000, P<0,05).The FCT prevalence was increased on 18,3 % (from 14,2 to 16,8 per 100000) too. The DT and FCT prevalence in the new detected patients was increased parallel – on 21,0 % (from 19,1 to 23,1 per 100000) and on 45,4 % (from 1,1 to 1,6 per 100000) accordingly (P<0,05). The trend of the DT and FCT prevalence of that kind was in asocial and migrated peoples.
Conclusion: on the background of tuberculosis incidence rise was marked the rise of the DT and FCT prevalence in population due to the late diagnosis, noneffective treatment, resistance of Mycobacteria tuberculosis that is increased the cost of treatment. It is necessity the improvement of the antituberculosis measures in the program of control tuberculosis and new drugs.

P130. MONITORING &EVALUATION (M&E) OF THE TUBERCULOSIS (TB) CASE NOTIFICATION SYSTEM

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The objective of our study was to analyze punctuality of data collection on TB cases notification in different oblasts of KZ. Project HOPE Monitoring team together with specialists of National TB Center performed a retrospective analysis of the reports on the notification of TB cases from seven oblast conducted in the year 2001. We have used a standardized procedures using a checklist with 23 questions. All data were collected and compared from the TB forms (TB01,TB03, TB07, TB08). We emphasized the following basic issues: type and category of TB patients, conversion of smear at 2nd (3rd) month and treatment results. Our results show 95% of TB cases were registered accurately. The main mistake was inadequate determination of the patient type. Data of TB07 and TB08 corresponded with data of TB03 in 90% but 10% of data in TB registration forms do not corresponded. We found out that in different oblasts rate of new spear positive TB cases varied from 31.2 to 50.9%. Rate of smear conversion among new smear-positive cases registered in the 3rd quarter of 2000 varied from 78.5 to 91.8%.
Standardized monitoring procedures gave us an objective assessment of TB case registration. The checklist enabled

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to use quantitative measures of work quality in the system of TB case registration and comparison of data from different oblasts.

P131. NATIONAL TUBERCULOSIS PROGRAM IN ALBANIA – OBSTACLE, ACHIEVEMENT AND CHALLENGE

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The TB epidemiological situation in Albania after the fall of the communism has remained stable over the 10 last years. The TB incidence in 1990 was 21 patients and in 2000 still remains at the same level, regardless of the fact that Albania has encountered the entire phenomenon that former socialist countries have experienced.
The presentation aims to expose why we decided to change the strategy for TB control despite the TB stable situation, obstacle to change the mentality due to the political and professional decision makers, financial constrains, steps for DOTS implementation and main achievements.
The first step, was why to change TB control strategy and why to implement DOTS? At the end of 1996 we established the National TB committee, and we spend almost two years discussing why and when to implement DOTS, to preserve or to decentralize the medical structures of TB control, where to place the Reference TB laboratory, etc. The project, with WHO support, started in January 2000 and the first phase started with renovation and refurbishment of the dispensaries and laboratories of hospitals, personnel training, procurement and purchase of anti-TB drugs. Special attention was paid to public awareness. In 2001 we have been concentrated in consolidation of the project through refreshment workshop and we started DOTS in two pilot area. The preliminary data look encouraged especially in smear positive cases finding and treatment results.
The project concludes in the first terms of the 2002 and the main issue, which was since the beginning our main concern is the its sustainability.

P132. RECENT TRENDS IN TUBERCULOSIS NOTIFICATIONS IN EUROPE

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[1] EuroTB, Institut de Veille Sanitaire (InVS), Saint-Maurice, France

Objectives: To describe trends in tuberculosis (TB) notifications in Europe in the late 1990s.
Methods: Standardised TB notification data provided to the EuroTB project from the 51 countries of the WHO European Region were analysed by geographic area (West: European Union, Andorra, Iceland, Israel, Malta, Monaco, Norway, San Marino, Switzerland; East: the 15 countries of the former Soviet Union; and Centre: the 13 remaining countries).
Results: TB notification rates in 1999 were 13 per 100 000 in the West, 44 in the Centre and 86 in the East. Compared to 1995, overall notification rates in 1999 were 12% lower in the West (26% lower among nationals, data for 10 countries), 4% lower in the Centre (increasing in Albania, Bosnia-Herzegovina, Bulgaria and Romania). In the East, where cases diagnosed in specific population groups (e.g. prisoners) were newly included in national statistics during the late 1990s, rates increased by 50% between 1995 and 1999.
Conclusion: Notification data from the late 1990s indicate decreasing TB incidence in most countries in the Centre and in the West of Europe. The 50% increase in TB notification rates in the East, possibly contributed by surveillance changes, confirms a worsening TB situation calling for urgent national and international action.

P133. PROPOSAL FOR A SYSTEM FOR SURVEILLANCE OF TUBERCULOSIS INCIDENTS AND OUTBREAKS, ENGLAND AND WALES

Alistair Story, John M. Watson
Respiratory Public Health Laboratory Service, London, UK

Recent tuberculosis incidents and outbreaks, particularly involving schools, hospitals, prisons and other institutions have been extensively reported in the UK media. These events have highlighted some of the problems involved in controlling and preventing tuberculosis and drawn attention to the importance of good information on the occurrence of incidents and outbreaks that can be used to inform future management.
The aims of maintaining a central information resource on tuberculosis incidents and outbreaks are to:
- Gain insight into occurrence and distribution of tuberculosis incidents and outbreaks
- Monitor and evaluate the effectiveness of control measures
- Inform relevant parties
- Provide a means of recording examples of best practice and lessons learned

This poster presents examples of recent incidents and outbreaks, outlines the rationale for maintaining a database of these events, and proposes a standard system for classification, reporting and documenting details of investigation and management.

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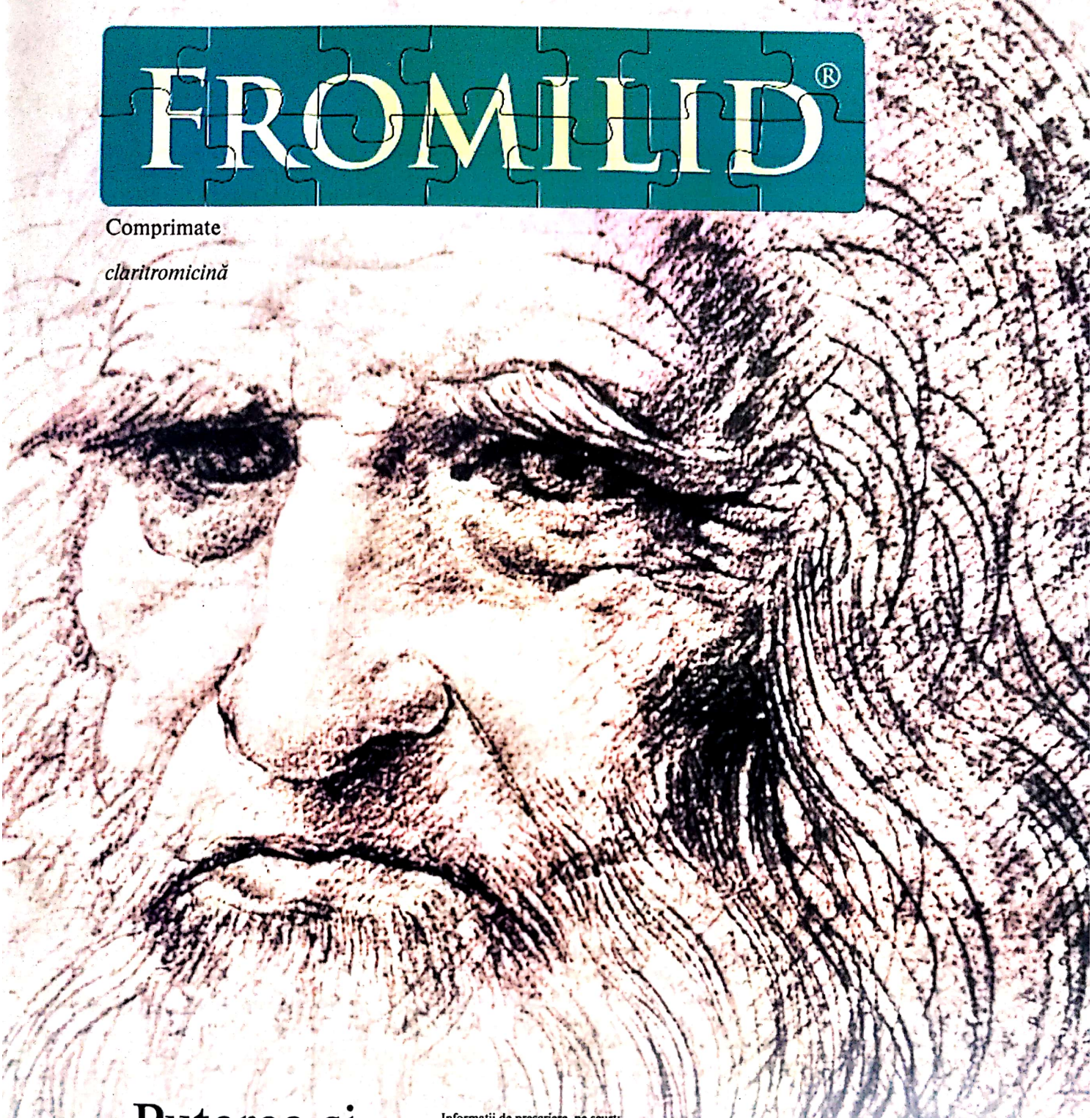

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P134. DEVELOPMENT OF TB LABORATORY NETWORK IN R. MACEDONIA

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Although the first TB Control activities in Macedonia started in 1928, the TB laboratory service started to develop in 1991 when the TB Lab at The ILDT was established. The 55 years plan (1999-2004), prepared by National TB team and supported by World Bank Health Transition Project, included activities for organization of an efficient TB laboratory service in the country. Taking into consideration the population size of 2 milion inhabitants, an incidence rate of 36 per 100 000, the geographical distribution of cases and available infrastructure, it was planned to organize a laboratory network of 15 laboratories, working on 3 diagnostic level: 10 peripheral laboratories on first level, 4 on second level and one National Reference Laboratory (NRL) on the third level. In the period 1999-2002 the NRL in The ILDT was officialy recognized by the Ministry of Health, refurbished and completely equipped. Culture laboratories in 4 Tb Hospitals were organized and equipped to provide safe working conditions and the staff was trained to perform culture examination. 18 lab technicians from peripheral laboratories were trained for smear microscopy. Quality Assurance procedures for smear microscopy were implemented in 3 pilot sites, where the bacteriological confirmation rate increased from 17.3% to 51.8%.
Present activities are focused on establishing a link with a Supranational Laboratory and organizing surveillance of drug resistance at country level.

P135. MILIARY LUNG TUBERCULOSIS – 123 CASES

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Introduction: It is of utmost importance to suspect hematogenous TB early. The non-classic forms are a diagnostic problem.
Methods: The retrospective clinical study of 123 hospitalized pts with miliary lung TB.
Results: In the last 14 yrs, out of 7299 hospitalized pts with lung TB, there were 123 (1.7%) miliary TB (5-12 pts per year). Age: 17-82. Sex: M/56, F/67. A predisposing disease was identified in 52 (42%) pts. Two pts had HIV infection. Loss of body weight, adynamia and fever were the most common symptoms. Classical x-ray miliary findings existed in 104 (85%) pts, atypical in 19 (15%) – pleural effusion, pericarditis, small cavi, asymmetric shadows, macronodular lesions, etc. Bacteriological and/or histologic confirmation of TB was obtained in 114 (93%) pts. In 9 (7%), clinical Dg and AT drug test were sufficient. Directly positive BK sputum was present in 42 (34%) pts. Lowenstein positive cultures were obtained in 91 (74%), mostly from the sputum, rarely from the CSF, urine, exudate, bone marrow, etc. Histologic Dg was established in 33 (27%) pts (pl. biopsy in 4 pts, bronchoscopy in 11, FNAB in 4, open lung biopsy in 4, other in 10 pts.). Early diagnosis of miliary TB (BK and histology) was established in 75 (61%) pts. Fatal outcome ensued in 18 (15%), usually in pts with accompanying diseases.
Conclusions: Although miliary TB has been an old disease, some clinical presentations have been entirely new clinical experience.

P136. PROFILE OF LUNG TUBERCULOSIS IN OUR HOSPITAL DURING 2000

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Out of the total number of 5415 in-patiently treated pts at our institution during 2000, 437 (8%) had pulmonary TB. Age: 16-85. Sex: M-67%, F-33%.
Newly detected TB was evidenced in 391 (90%) pts, 36 (8%) had the relapse of the disease, while 10 (2%) had chronic TB. Postprimary phthisis was recorded in 350 (80%) pts, out of whom 273 (78%) had cavernous TB (the extensive form – 28 pts -8%). Tuberculous pleuritis was diagnosed in 57 (13%) pts, miliary TB in 11 (2.5%) pts. There were 8 pts with lymphoglandular tuberculosis, 6 with laryngitis, 1 pyopneumothorax, 3 bone tuberculosis. One patient had HIV infection.
Löwenstein positive cultures (mostly from sputum) were recorded in 334 (76%) pts. 194 (44%) pts were directly ARB positive. Histological diagnosis of TB (bronchoscopic biopsy, FNAB or pleural biopsy) was established in 68 (16%) pts. Drug resistance was established in 33 (7.6%) pts. The pts were treated with conventional combinations of AT drugs, with fatal outcome in 13 pts with accompanying diseases.

P137. A RARE FORM OF CHRONIC LUNG TUBERCULOSIS IN CHILDHOOD (case report)

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Institute for Respiratory Diseases in Children, Skopje, Macedonia

The aim of this study is to show a rare form of chronic lung tuberculosis (TB) in 7-year-old boy. According anamnestic data there were: positive intrafamiliar contact

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with TB two years before his admission at our hospital. In that period he was ambulatory treated with inadequate antituberculosis treatment (3 months) for primary lung TB. His parents stopped treatment. Causes for this hospitalization were often cough, prostration, and increased body temperature during one month. At the admission the child was pale, astenic and with dry cough. Lung auscultation was normal. Investigation findings confirmed the rare form of chronic TB: Mantoux test (PPD-5IU) – positive (18 mm - with bull); without good BCG scar; negative microbiology results for M.tuberculosis and other bacteria; limited circle shadows and calcification on X-ray, that were localized on the left basal and right ventral projection of hilus; computer tomography – multiple tuberculoma at the both lungs. In our Department, child was treated with antituberculous drugs for 6 months. Control X-ray confirmed persistence of changes. This patient is still controlled in our institution and he is already in good state.
Conclusion: Although the tuberculoma is rare evolution of postprimary lung TB, it can appear in children, especially because of inadequate and not enough long treatment of primary lung TB.

P138. TUBERCULOSIS AND SARCOIDOSIS: MANIFESTATION OF BOTH PATHOLOGIES FOR SAME CASE

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Aims: Additional active tuberculosis (TB) is found rarely for sarcoidosis patients. We observed 2810 cases of sarcoidosis in Latvia before 2000. Among them, 14 patients (0,49%) have TB. There was combination of sarcoidosis and TB of the lungs for 5 persons only (35,7%).
Methods: We observed a man at age of 53. He complained of cough, loss of weight, sweat, and alteration on his skin. X-ray picture of the lung was represented by dissemination in both lungs and infiltrates in lower parts. Analyzing the sputum, increase of M. tuberculosis was detected repeatedly. It was sensitive to TB drugs. At the same time, we investigated data obtained from biopsies: two skin biopsies, TBLB during bronchoscopy, and four marrow biopsies during teen months of treatment for patient. Granulomatous process without caseous necrosis was determined. Data of TB granulomatosis were in one the skin biopsies and in marrow biopsy. We succeeded considerably in improving the patient's condition (sputum with negative tuberculosis, disappearance of dissemination, decrease of skin alterations) as a result of complex therapy for active TB using basis drugs and as a result of therapy for sarcoidosis.
Conclusions: We observed the combination of two active granulomatoses: multiorgan sarcoidosis and active lung tuberculosis for one patient at the same time. The observation does not confirm the common opinion concerning clinical antagonism of active TB and sarcoidosis.

P139. PERIPHERAL ROUND LUNG LESIONS OF TUBERCULOUS ORIGIN

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School of Medicine of Novi Sad, Institute of Lung Diseases, Sremska Kamenica

Due to their peripheral localization, solitary round lung lesions represent a major diagnostic problem.
Clinical and radiologic features of tuberculous lesions are reviewed.
One hundered patients with a solitary peripheral lung lesion up to 6 cm in diametre and no hilar adenopathy were submitted to bronchoscopy, transthoracic needle biopsy and thoracotomy.
The histologic analysis confirmed tuberculosis in 19/100 resected solitary lesions. Tuberculous nodes ranged from 2-2.9 cm in diametre and most frequently appeared in males (68%) aged 40-59. 37% of the patients developed symptoms. Calcification was registered in 47% of tuberculous lesions.
Tuberculosis in the form of a solitary peripheral lung node is second common, following lung cancer. A tuberculum is the most frequently found tuberculous lesion type. Tuberculosis was confirmed by sputum or catheter biopsy sample culture in 37% of the examined patients, while transthoracic needle biopsy established the diagnosis of granulomatous inflammation with caseous necrosis in 26%.

P140. DETECTION OF PULMONARY TB PATIENTS BY ZIEHL-NEELSEN MICROSCOPY AT CLINICAL DIAGNOSTIC LABORATORIES IN THE PILOT REGIONS OF RUSSIA

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[1] Central TB Research Institute, [2] Ivanovo Oblast TB Dispensary, [3] WHO Moscow Office

Implementation of the WHO projects on detection and treatment of TB patients in several regions of the Russian Federation required resumed activities of clinical diagnostic laboratories at general health facilities in TB detection by Ziehl-Neelsen microscopy. The clinical diagnostic laboratories had performed this work not completely and/or not qualitatively. Moreover, before 2001 external quality control of laboratory studies at the federal level did not involve clinical diagnostic laboratories at general health facilities and even bacteriology laboratories at TB institutions. 5-year

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experience of the Russian specialists and the WHO representatives proved significant capacities of general health facilities. Thus, in 1994 before the first WHO project started, in Ivanovo oblast less than 5% of all new cases were detected at clinical diagnostic laboratories by bacterioscopy, in 2000 the rate made 63%, which was the highest among all active WHO projects in the Russian Federation. Note, that we detected 2-4% sputum positives among symptomatic cases with expectoration, suspect of pulmonary TB, studied in Ivanovo oblast, and up to 17% (!) – at some clinical diagnostic laboratories in other regions. The results of work performed by clinical diagnostic laboratories are determined by correct composition of groups, referred to studies, and quality of diagnostic material.

P141. DIAGNOSTICAL PROBLEMS OF LOWER LOBE TUBERCULOSIS - 15 YEARS RETROSPECTIVE STUDY

Zhuri G., Bujupi-Halimi Z., Mehmeti R., Spahiu M.
Hospital for Lung Diseases, Prishtina, Kosovo

This is retrospective study for the patients treated in the Hospital for Lung diseases in Prishtina. In this study were analyzed 11381 cases with radiological changes in the lower pulmonary lobes. The key component of this study was radiological examination done on postero-anterior and profile projection.

Of 11381 cases 277 were radiological changes located in the lower lobes of which 113 (40.79%) were TB cases and 164 (59.21%) other pulmonary diseases. From 164 other pulmonary diseases 91 cases (32.85%) were pneumonia, 30(10.83%) undiagnostified infitrates, 18 (6.50%) Bronchiectasiae, 15 (5.42%) Lung cancer, 9 (3.25%) abscess and one case of echinococus (0.36%).

In our study 40.79% of cases with radiological changes were localized in lower lobs were TB cases. TB is more often presented at women (51.91%), average age of TB patients is 37.8. Radiological changes are more located on the right lung comparing with other disease.Tuberculosis diagnosis in this study was verified by bacteriological examinations in 62.83%, and based on medical history, physical and radiological examinations in 36% of cases. TB was mostly accompanied with diabetes localisation in lower lobs presents huge diagnostic problem because its needs to be differentiated from other diseases such as Pneumonia, Cancer, Brochiectasiae, pulmonary abscess etc.

P142. DIFFICULTIES OF MORPHOLOGICAL TB DIAGNOSTICS THROUGH BRONCHOBIOPSIES

Sh. Sh. Mulkibaeva, M.M. Adenov
National Center for TB Problems, Almaty, Kazakhstan

Samples of direct forceps biopsy from big bronchi among 53 patients (30 men, 23 women) with different forms of extrapulmonary and pulmonary tuberculosis were investigated. Age of patients was from 16 to 51 years. Morphological investigation of biopsy samples revealed the TB lesion of bronchi in 20 (36.6%) cases. At this, subepithelial position of TB granulomas with caseous necrotic centers, mucus ulceration foci were found out. In the remained 33 cases typical infiltrate consistent from cells which did not be markers of TB inflammation presented by lymphocytes, macrophages and fibroblasts was observed. Samples from all of 53 patients microscopic investigation manifested the uneven sickness of the basal membrane, with hyalinosis area. Expressed rough sclerosis of submucous layer with substitution and ousting of muscle and elastic fibers was marked. Covering cylinder epithelium was distrophically changed, proliferation of basal cells with signs of pathologic regeneration in terms of metaplasy areas into the multilayer squamous epithelium were demonstrated. In 3 cases with post-resection fistulae on the background of epithelium metaplasy the heavy dysplasia with sings of cellular atypia was marked. Diagnosis of TB was confirmed bacterioscopically in all of 53 cases. Comparison of bronchoscopy data with post-resection lung samples investigations of those patients indicates to the mosaic picture of TB lesion of bronchi. Thus, investigations data underline the necessity of the comprehensive approach in the bronchobiopsies samples investigations and care to do the pathohistological conclusion taking into account the clinics and anamnesis, laboratory and instrumental investigation data.

P143. CAUSES OF HIGH BREATHING ORGANS TB MORBIDITY AMOND CHILDREN CONTACTS

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National Center for TB Problems, Almaty, Kazakhstan

Objective of this investigation was study of TB infection frequency and disease development among children from TB contact just at finding of TB loci. There were 247 children under observation. From 111 TB infection loci where an adult patient had the pulmonary TB with M. tuberculosis (MT) excretion 170 (68.8%) children constituted the Group I. Seventy seven children out of 40 (31.2%) loci which had the contact with patients with active TB form without MT excretion constituted the Group II. According to the skin test signs BCG effectiveness was marked in 83.4% (Gr. I) and in 75% (Gr. II) , at this the scars size more than 5 mm or more were present in 29.7% and 46.9% correspondingly. Tuberculin test results showed that to the moment of finding of TB loci 104 (42.1%) children, that is 65 (58.5%) of Gr. I and 39 (50.6%) of Gr. II were already infected with MT. Local processes were diagnosed in 3 cases (1.2%) among children of Gr. I, and diagnosis was confirmed through the supplementary investigations data (chest X-Ray, general blood and urine accounts, feaces smear bacterioscopy, immunological investigations ELIZA, PCR etc. There

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were more infected persons and those with TB development in a locus where an adult patient with MT excretion was present. Thus, in TB loci with highest risk of infection and disease development their frequency among children has the direct correlation with the prevalence of TB, MT excretion presence for infection of contacts and delayed diagnostics of tuberculosis among adults patients.

P144. COMPARISON OF CHANGES IN THE HEMOSTASIS SYSTEM AND DISORDERS OF REGIONAL BLOOD FLOW IN PULMONARY TB PATIENTS

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Central TB Research Institute, Moscow, Russia

We studied newly detected 64 patients with different forms of pulmonary tuberculosis. By the state of the haemostasis system and fibrinolysis the patients were divided into 5 groups: 1st – 4 patients (6%) without disorders; 2nd – 14 patients (22%) with a tendency towards hypercoagulation; 3rd – 22 patients (34%) with marked hypercoagulatory shift; 4th – 15 patients (23%) with changes of pre-thrombotic state; 5th – 9 patients (14%) with a shift towards hypercoagulation under deficit of several coagulation factors (consumption coagulopathy). In all groups, except group 1, we detected laboratory signs of latent intravascular coagulation of blood. Changes in the hemostasis system were compared with pulmonary microcirculation disorders using lung scintigraphy. We found that in most patients of groups 1 and 2 changes in capillary blood flow in the lungs were limited to 2 zones and characterized by 0 - 1 degree of microcirculation disorders. In contrast, in most patients of group 4 and 5 decrease of regional blood flow indices involved 3-4 lung zones and corresponded to 2-3 degree of capillary blood flow disorders. Microcirculation disorders in group 3 were of intermediate character between the two mentioned groups. Thus, microthrombogenesis caused by the hemostasis disorders with an important component of changes in pulmonary microcirculation in pulmonary TB patients.

P145. CLINICAL PRESENTATION AND EPIDEMIOLOGICAL TREND OF TUBERCULOSIS (TB) IN AN INFECTIOUS DISEASES CLINIC IN BRESCIA, ITALY: THE IMPACT OF IMMIGRATION

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Objectives: To evaluate the clinical and epidemiological profile of TB cases diagnosed in the last decade in an Infectious Diseases Clinic in Brescia, north Italy.

Methods: Retrospective study based on charts review of all TB cases diagnosed at the Department of Infectious Diseases, Spedali Civili, Brescia, from 1990 to 1999. TB diagnosis was based on the presence of a positive culture for M. tuberculosis from a clinical specimen.

Results: 187 TB cases were diagnosed. Annual TB incidence increased from 0.9% in 1990 to 3.5% in 1999. HIV-seronegative immigrants presented the highest increase in TB rate (7% in 1990 to 67% in 1999). TB cases were predominantly males (77%), with pulmonary disease (35%) and HIV-seronegative (56%). Immigrants were more likely to have extrapulmonary disease (47% vs. 28% in Italians; P=0.03), to be tuberculin positive (77% vs. 54%, P=0.03) and HIV-seronegative (79% vs. 44%, P=0.001). Resistance rates of TB isolates were similar among immigrants and Italians (24% vs. 20%, respectively).

Comments: In the last decade we observed an increase of TB rates among inpatients that was mainly attributed to HIV-seronegative immigrant cases.

P146. THE STUDY OF NEW COMPLEX COMPOUDS WITH ANTI-TUBERCULOSIS ACTIVITY

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The aim of this study is to determine the anti-tuberculosis activity of cobalt, nickel, copper, and zinc compounds of isonicotinoilhydrazone. The synthesis of new complex compounds isonicotinoilhidrazine acid's ligands and biometals with anti-tuberculosis activity. It was established that all these compounds possess of bacteriostatic activity to MBT in concentration of 0,6-1,0 μg/ml. The nature of central ion tells on the compound's activity, the last one decreases in the series: Zn>Co>Ni>Cu for compounds with the same composition. The nature of aside of aside residues also influences the anti-tuberculosis properties of the substances: the substitution of chlorus-ion by broom-ion increases the compound's activity. The anti-tuberculosis activity of the substances synthesized is 1,5 – 2,5 times lower then that of isoniazide, which is widely used in anti-tuberculosis therapy. But isoniazide being a toxic remedy is 1,8 – 2,2 times more toxic them the studied complex compounds. The synthesis of new complex compounds isonicotinoilhidrazine acid's ligands and bio-metals is of great scientific and practical interest. The experimental data point to perspectivity of the study of complex compounds based of biometals and Schiff-bases obtained from isoniazide.

P147. ROLE AND VALUE OF ARTIFICIAL PNEUMOTHORAX IN INCREASING TREATMENT EFFICACY IN MDR TB PATIENTS

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The study was carried out in 100 new and relapse patients with destructive pulmonary TB aged 20-50 who after

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standard category 1 and 2 treatment were excreting MDR mycobacteria. The patients were randomized into 2 groups. Group 1 patients underwent standard chemotherapy combined with artificial pneumothorax, Group 2 – chemotherapy only. After 6 months Group 1 patients showed sputum negativation in 88%, closure of cavities – in 48% cases. After 12 months these indices increased to 96% and 82% correspondingly. In Group 2, sputum negativation after 6 months was only 50% and closure of cavities - 16% cases. By 12 months these indices somewhat increased to 62% and 34% correspondingly, but still remained considerably lower than in Group 1 ($P<0,01$). It is proved that artificial pneumothorax in MDR TB patients considerably increases treatment efficacy even with limited number of second-line drugs.

P148. TB MYCOBACTERIUM DRUG RESISTANCE ANALYSIS IN ARMENIA

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An analysis of data for the last 25 years on TB mycobacterium drug susceptibility in Armenia has been carried out for two periods: (i) 1976-1986 and (ii) 1995-2000 years.
There is a trend towards increase of drug resistant strains of TB mycobacterium, especially at relapsed and formerly treated patients: from 6% to 41.3%. At the same time, no notable differences are registered at primary patients' examinations: 21.4% and 22.1% in the years 1976 and 2000 respectively. Multi-drug resistance has increased from 10.5% to 15.0%. Mono-drug resistance currently is 15.0%.
Among patients with favorable treatment dynamics (333 cases) – healing caverns and sputum conversion, only in 18.6% (62 cases) has been registered drug resistance, while in the second group of patients (97 cases) with stable caverns and positive sputum the drug resistance is indicated in 30.9% (30 cases). This points at negative impact of drug resistance on treatment and outcomes of TB with statistical significance p 0.02.

P149. DETECTION AND TREATMENT OF TB PATIENTS IN PENITENTIARIES IN IVANOVO OBLAST

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Objective: To study efficiency of the WHO strategy in the penitentiaries in Ivanovo Oblast in 1997-1999.
Methods: Cohort analysis of standard treatment outcomes in 1004 TB patients, including Category 1 – 472 (47%), out of them 293 (62.1%) – sputum positives; Category 2 – 87 (8.6%); Category 3 – 445 (44.3%).
Results: Sputum conversion after the initial phase of treatment occurred in 73.6 to 90.8% patients. After 12-15 months of treatment clinical improvement was observed in 82% new sputum positive cases and 85.7% sputum negative cases; only in 72% retreatment cases. Treatment failure was in 8.1% new cases and 12.5% retreatment cases. Primary drug resistance to one or more drugs was in 28 to 44.4% cases, including MDR – in 6-12%. No default cases.
Conclusions: The DOTS strategy is very efficient in the penitentiaries, since no default cases occur. The main reasons of treatment failures are multi-drug resistance, which tends to grow, and associated diseases (chronic hepatitis, gastritis, stomach and duodenum ulcer), which develop in 2/3 TB patients and impede anti-TB treatment.

P150. USE OF SECOND LINE DRUGS IN THE TREATMENT OF MULTIDRUG RESISTANT TUBERCULOSIS (MDR TB) IN ITALY

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Background: among the approved second line drugs, only rifabutin, quinolones and aminoglycosides are easily available in Italy. No data are available about the use of second line drugs in the MDR TB therapy in our Country.
Aim of the study: to evaluate which are the main second line drugs prescribed in Italy during the period 1995-1999.
Methods: evaluation of data of regimens prescribed to 124 MDR TB cases recorded in the SMIRA database.
Results: 87 patients (70%) were treated with at least 3 active drugs. At least 1 second line drug was prescribed in 92 patients (74%); in these MDR TB cases, the most used second line drugs were: quinolones in 74 (80%) patients; ethionamide in 56 (60%) patients; terizidon and rifabutin in 45 (49%) patients; amikacin in 28 (30%) patients.
Conclusion: 30% of MDR TB cases were treated with less than 3 active drugs and 26% of patients is managed without using second line drugs.

P151. CLINICAL MANIFESTATIONS AND TREATMENT EFFICACY IN PULMONARY TB PATIENTS WITH PRIMARY DRUG RESISTANCE

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To investigate clinical manifestations and treatment efficacy in TB patients with primary drug resistance we

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studied 60 cases detected in 1999. Group 1 had primary drug resistance; group 2 was susceptible to TB drugs. We evaluated clinical manifestations using intoxication and chest symptoms. The both were more expressed in group 1: fever, night sweating, weakness, loss of weight, expectoration, dyspnea.
Light microscopy revealed M. tuberculosis in group 1 – in 60% patients, in group 2 – in 53%. Inoculation onto solid media revealed M.tuberculosis in all patients. Patients with primary drug resistance excreted more bacilli. Luminescent microscopy revealed mycobacteriemy in 7 out of 11 patients; two of them had multi-drug resistance. 57% were resistant to streptomycin, 50% - to rifampicin, 30% - to ethambutol, 20% - to isoniazid, 13% - to ethionamide, 7% - to kanamycin. Multi-drug resistance was found in 10% patients, polyresistance – in 40%, monoresistance – in 50%. During treatment 43.3% patients acquired secondary drug resistance.
We used standard treatment regimens. In group 1 some patients also received second-line drugs.
Sputum conversion and cavity closure in patients with primary drug resistance occurred later; the least treatment efficacy was observed in patients with multi-drug resistance. Primary drug resistance impedes treatment efficacy and aggravates clinical manifestations: such patients produce a source of infection.

P152. ABOUT EFFECTIVENES OF SURGICAL METHODS OF THERAPY OF PATIENTS WITH PULMONARY TUBERCULOSIS AT STANDARDIZED OBSERVED SHORT COURSE CHEMOTHERAPY

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After non-effective DOTS therapy results of the surgical treatment of 61 patients with new revealed pulmonary TB were analyzed. Fibrocavernous TB was diagnosed among 40 patients, tuberculomes among 21, before operation destructive lung changes were found out among 28 of them despite of bacilli excretion stopping. According to the treatment categories of DOTS patients were distributed as follows: category I (new case) 13 patients, category II (failure, relapse) 36 patients, category IV (chronic TB) 12 patients. Bacilli excretion before operative intervention was established among 27 (44.2%) of patients, with resistance to isoniazide and rifampicin in 16 (5.9%) of cases. Clinical effectiveness of the surgical method constituted 91.8%. Resection materials investigation among 64% of patients with „abacillation" revealed the M. tuberculosis at bacterioscopy of smears from cavity walls and in 25% of cases inoculation of cavities content gave the positive results. These dada are of evidence of well-founded surgical intervention among this category of patients.

P153. IMPLEMENTATION OF ANTIBIOTICS WITH INHIBITORS OF BETA-LACTAMASES FOR TREATMENT OF PULMONARY TUBERCULOSIS

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The fact that some times M. tuberculosis (MT) possesses the beta-lactamase activity becoming able to impede the successful specific therapy is proved. 44 strains of MT isolated from patients with different pulmonary TB forms were studied. High beta-lactamase activity was revealed in 59.0%, moderate one in 13.6% and negative one in 27.2%. Comparison of beta-lactamase activity levels in MT sensible to the main anti-TB drugs demonstrated that the drug resistant strains possessed the high and moderate enzyme activity in 95.5% while the drug sensible strains in 4.5% only. In order to study the impact of antibiotics with beta-lactamase inhibitors (UNAZINE) to the dynamics of the specific lung process unazine was administrated to 7 children in dose of 1.5 mg daily during 14 days. All of them had the drug resistant TB forms lasted from 1 to 3 years and the high beta-lactamase activity. Before the unazine prescribed in the sputum smear MT were found out through microscopy and culture methods. Repeated sputum microscopy investigation after unazine taking during 14 days revealed MT negativation in 85.7% of patients and the positive X-ray changes one month later. Thus, antibiotics with beta-lactamases inhibitors could be implemented to treat patients with drug resistant TB forms to obtain the more rapid abacillation and cure

P154. RESISTANCE TO ANTI-TB DRUGS IN MOLDOVA 1995-1999

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Objective: To review drug-resistance data.
Methods: Retrospective record-review 1995-99. Year, age, sex, address, type of disease, previous treatment status, date of culture and onset-of-treatment, results of initial drug-susceptibility-testing (DST) for INH-RIF-ETH-STR were recorded and date/result of subsequent DST if susceptibility changed.
Results: 3469 cases, m/f ratio 4.5, 1980 classified as "new" (314 treated for >30days), 852 as "rezidiv", 637 (18.4%) as "unknown". Cases increased from 443 in 1995 to 941 in 1999. Proportion "previously treated" increased from 17.4% (51/293) to 35.4% (271/766). Acquisition of resistance was documented in 10.4% (360/3469). "Any-drug-resistance" (ADR) increased from 20.3% (90/443) to 41.8% (393/941), "multi-drug resistance" (MDR) from

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2.7% (12/443) to 11.3% (106/941). In 1998-99 prevalence of ADR and MDR in 806 "previously untreated" cases was 29.2% (95%CI=26.0-32.4%) and 5.5% (3.9-7.1%); in 521 "rezidiv-cases" 61.2% (56.9-65.5%) and 22.1% (18.5-25.7). Of 218 MDR-cases, 47 (21.6%) were resistant to ETH, 178 (81.7%) to STR.
Conclusions: Even if the sample is not representative a number of conclusions can be drawn. Initial specimen is frequently taken late after onset of treatment. Inadequate treatment has lead to increasing drug-resistance. It is urgent to secure drug supply and improve case management. Many MDR cases could acquire resistance to ETH on a four-drug-first-line regimen including ETH. Prospective surveillance using representative sampling should be implemented.

P155. SUSCEPTIBILITY OF MULTIDRUG RESISTANT MYCOBACTERIUM TUBERCULOSIS TO FLUOROQUINOLONES

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The patients with tuberculosis with resistant MBT to 4-6 drugs have high risks for amplification of drug resistance. We studied rate of drug resistance to fluoroquinolones (Q) in patients, treated with the Q and 2-3 antitubercular drugs (ETA, EMB, PZA, KM). 28 strains of MBT were obtained from 28 patients after treatment for 6 months with Q, which didn't received Q before and drug resistance patterns showed resistance to INH+RMB+SM (10 strains), INH+RMB+SM+KM (10), INH+RMB+SM+ +KM+ETA (6), INH+RMB+SM+KM+ETA +EMB (2) at a start of the treatment. The susceptibility MBT to Q were determined by the proportion method in dens Loewenstein-Jensen media with critical concentration of ciprofloxacin 10 mg/l.
We revealed resistance to ciprofloxacin after 6 months of treatment in 1 patient (3,6 %). Amplification of drug resistance to other drugs we didn't observed.
We concluded, that drug resistance to fluoroquinolones in patients with multidrug resistant tuberculosis treated with multiply chemotherapy develop slowly.

P156. ABOUT CAUSES OF M. TUBERCULOSIS RESISTANT FORMS PREVALENCE, ACCORDING TO DATA OF ELECTRONIC SYSTEM OF MONITIRING

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Material on a basis of electronic united personified database of Kazakhstan is about TB patients treated according to WHO Protocols. There are data on sputum cultures from 4992 patients with pulmonary TB during 2000 and 9 months of 2001. Negative cultures constituted 34.3%, positive ones without resistance 30.2%, while 35.5% of cultures had different resistance forms: 9.5% out of them had resistance to INH, 5.1% to R, 2.8 to E, 6.4% to S, and 11.7% had the multidrug resistance. Multiresistance among new cases with positive sputum smears is notified in 9.1%, among TB relapse cases in 16.5%, among patients with failure in 16.6%. This is a cause of rather high amount of cases with fibrocavernous TB among all patients remaining on the same level constituting 15 to 16% during past decade. Among new detected adults and adolescents this form constituted 1.8%. Frequency of destructive forms among new cases of breathing organs TB was 43.8% in 1999, while 47.5% in 2000. There are 25% of patients treated around the country according to category II of WHO Protocols, relapses percentage 9.2%, failure incomes 2.9% during 9 months of 2001. Unfavorable factors are present in 78% of patients. Risk factors were as follows: comorbidities in 13.7%, HIV infection 0.3%, ex-prisoners 9.5%, workers of penitentiary system 0.8%, homeless 2%, jobless 65.5%, alcoholics 3.2%, medical workers 2.2%, other factors 19.3%. Tuberculosis mostly is detected among young people able to work. Both cure index reached 88% around the country and the sputum smear conversion index after intensive phase treatment constituted 88.7% are of importance. Thus, data from electronic monitoring database allow to come to a conclusion that TB epidemiology in RK is faced to some problems including detection of resistant and heavy TB forms.

P157. DRUG RESISTANT TUBERCULOSIS AMONG CHILDREN AND ADOLESCENTS

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During 1998 to 2001 136 children and adolescents with bacteriologically confirmed tuberculosis were under observation. Drug-resistant strains of M. tuberculosis were identified in 93 cases (68.4%). Primary drug resistance was revealed in 57.6%, and the acquired resistance in 90.9% of cases. At this, primary drug resistance was found out mostly among children (42.3%) than among adolescents (35.4%). Monoresistance to drugs of first line was determined in 21.5% of cases, polyresistance in 78.5%, including multiresistance in 56.9%. Resistance to streptomycin (93.5%) was the most frequent among resistant cultures, resistance to rifampicin constituted 67.7%, that to isoniazide 64.55, to ethambutol 41.9%.
As a result epidemiological analysis showed that the main cause of drug resistant TB form development was presence of the close contact with patients which took

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chemotherapy drugs and the part of them suffered from chronic tuberculosis.
Non-observed non systemic and inadequate treatment certainly promotes to the drug resistance development among remained part of patients. Thus, problem of the drug resistant tuberculosis among children and adolescents, arises in the up-day epidemiological situation, that requires the urgent measures directed to its decrease and treatment.

P158. SURGICAL TREATMENT OF PROGRESSIVE FIBRO-CAVERNOUS LUNG TB

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Surgical treatment applied in 249 patients with chronic progressive (fibro-cavernous) lung TB. In 61% of patients the total duration of TB was less than three years, in 39 % - more than three years. All patients had isolated caverns in any part of the lung, besides that 61.4% had disseminated TB foci in the same lung. 90.5% of the patients were sputum positive, 24.5% had repeated lung hemorrhages, 27.3%-were complicated by spontaneous pneumothorax and pleural emphyema. After 2-4 months of preoperative treatment partial lung resections were performed in 96 patients (38.6%) and pulmonectomies-in 153 patients (61.4%). Postoperative complications developed in 77 (30.9%) out of 249 operated patients. Bronchial fistulas and pleural emphyema developed in 56 (22.5%) and TB reactivation-in 21(8.4%) of patients. The complications were successfully cured in 45 (58.4%) out of 77 patients. Good clinical effect has been achieved totally in 176 (70.7%) out of 249 operated patients: in 83.8% - after partial lung resections and in 62.7%-after pulmonectomies. Lethality after partial resections was 3.1% and after pulmonectomies-15.7%. Conclusion. Surgical treatment of progressive chronic (fibro-cavernous) lung TB is reasonable and clinically effective.

P159. TOLERABILITY OF RIFAMPIN AND PYRAZINAMIDE FOR THE TREATMENT OF LATENT TUBERCULOSIS INFECTION (LTI) AMONG UNDOCUMENTED IMMIGRANTS

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Objectives: As part of a muti-center study, we compared the rate of adverse reactions to rifampin+pyrazinamide regimens (daily-Group B or intermittent-Group C) for 8 weeks and isoniazid daily for 6 months (Group A).
Methods: Undocumented immigrants recently arrived in Italy (< 5 years), < 35 years aged and with a PPD skin test > 10 mm were randomly assigned to treatment of LTI. Transaminases were measured before starting the treatment and repeated at least one more time in Groups B-C.
Results: From Jan to Dec 2001 94 immigrants were enrolled. They were predominantly males (86%), from Africa (66%) and of Islamic religion (65%). 35% were in Group A, 34% in Group B and 31% in Group C. In Group A, 15% (5/33) presented at least one adverse effect during the treatment vs. 28% (17/61) in Groups B-C (P=0.21). GI intolerance was reported by 8% of patients. Hepatotoxicity (transaminase > 4x reference level) was detected in 3 symptomatic patients (all in Groups B-C); the same drugs were restarted after normalisation of transaminases. Overall completion of treatment was lower in Group A: 35% vs.74% in Groups B-C (P<0.01).
Comments: Our results suggest that treatment of LTI with regimens containing rifampin+pyrazinamide is associated with higher rates of treatment completion despite of higher rates of adverse reactions.

P160. CHRONIC CASES IN ARHANGELSK REGION AND THEIR REASONS

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The aim: Analysis of chronic cases and their reasons.
Methodic: To August, 01, 2001 in Arhangelsk region at the present day there are 110 cases of chronic tuberculosis, excluding persons in the system of execution of punishments in that period of time. We have examined case histories of chronic cases of the disease and those who got the disease after the TB contacts during the year 2000 and 6 months of the year 2001.
The results: Among 110 patients there were 99 males and 11 females. To the moment of revealing of the disease 45 patients were in the places of confinement, 33 were unemployed(among them 6 were homeless), 20 had constant work, 10 were invalids, 2 got pension. 82 patients for more than one year discharge Mycobacterium tuberculosis, which is estimated by direct smear microscopy method. 68% persons have excreted M tuberculosis resistant to Isoniasid, Rifampicin.
From 50 confirmed cases of the disease among the contacts 33 patients got tuberculosis disease as a result of communicating with chronic TB case.
Conclusions: The reasons of forming chronic case of tuberculosis disease were: interrupting treatment by the patient use to abusing alcohol (57,3%), low quality of

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treatment (26,4%), primary drug resistance (14,5%), interrupting treatment because of inadequate attitude to their disease due to the psychic disease (1,8%).

P161. WHY UKRAINE NEEDS DOTS STRATEGY?

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According to data of Institute of Phthisiology and Pulmonology named by F.G.Yanovsky (Kiev, Ukraine), during last 10 years morbidity by all forms of tuberculosis in Ukraine increased for 72,5% (from 32,0 to 55,2 per 100.000 of population), at that the number of bacterio-extractors increased from 13,0 to 21,0 per 100.000 of population. At present time tuberculosis took key positions as for prevalence among infection diseases and occupied first place among reasons of mortality from transmissible diseases in Ukraine.
Analysis of current situation by specialists has shown, that for outlet of antituberculosis service from the crisis it's necessary not only considerable social and economic progress in society on the whole and amplification of financing of antituberculosis arrangements, but reception of the new strategy for TB Control, because old forms and methods of tuberculosis control don't work at present conditions. Therefore since 2001 in Ukraine (Donetsk Oblast) implementation of DOTS strategy, recommended by WHO for TB Control, began.
The most cost-effective public health measure to control TB on the initial stage of DOTS implementation is the identification and cure of the infectious patients with swear-positive pulmonary TB. It's extremely actually for Ukraine, because it will allow to stabilize situation, to stop growth of morbidity and spreading of tuberculosis epidemic.

P162. BEGINNING OF DOTS IMPLEMENTATION IN UKRAINE

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Since 1990 the main TB epidemiological data in Ukraine deteriorated considerably. There are also data about increase of TB multi drug resistance. These circumstances served as a reason that Ukrainian Government accepted proposal of WHO start implementation of DOTS strategy. The pilot project in Ukraine is funded by USAID. The Donetsk Oblast (population approx. 5.2 million) in the eastern part of the country was selected as DOTS implementation pilot.
WHO established an office for TB Control in Donetsk in February of 2001.
After evaluation missions of international TB experts the main needs in the Donetsk Oblast were defined. The main direction of the first year on DOTS implementation is training of TB doctors, lab technicians and general practitioners. First trainings were conducted by experienced trainers from Kazakhstan, Russia and Uzbekistan, who already have good results on DOTS implementation in their countries. Two groups of local specialists (TB managers and laboratory technicians) were sent to study to Lithuania and Latvia to share DOTS implementation experience. Purchasing TB drugs and lab equipment for microscopy and culture (specifics of post Soviet adaptation) is the second direction of DOTS implementation. The needs of equipment and drugs were defined together with local TB authorities. Providing with international recognized TB reporting and recording system and other documents that allow start working on DOTS is also very important. For this purpose the DOTS Donetsk Protocol was elaborated together with local TB specialists and TB authorities and later confirmed by Ministry of Health.
First trainings on DOTS have shown the great attention of local specialists to new approach to TB Control and their eagerness to work according to international standard. January 1 of 2002 is the date when first pilots will be trained on DOTS, provided with drugs, equipment and registers and will be ready to work according to DOTS strategy requirements.

P163. DIFFICULTIES IN UNDERSTANDING OF DOTS STRATEGY IN DONETSK REGION, UKRAINE

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It was great lack of information of WHO proposed strategy DOTS before 2000 in Ukraine. As local specialists mainly don't understand English and haven't access to internet the information about DOTS was incomplete and was taken by specialists awry. Many TB doctors were convinced, that DOTS strategy represents only undeveloped countries and works only in so call Third world where exists only insufficiently developed infrastructure. The negative option was spread in Ukraine looking to mainly negative articles and interviews with famous TB professionals from Russian and Ukrainian press. First task to start working on DOTS implementation was to prove TB managers and administrators of false and limitation of such attitude.
Since political commitment to start working on DOTS was received another fair began to dominate among TB doctors. 2/3 of them work in the TB field for more than 20-30 years. The new strategy demands to use new methods and approaches of work.

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P164. TRAINING OF SPECIALISTS - THE FIRST STAGE OF DOTS IMPLEMENTATION IN UKRAINE

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In the eightieth of our century a great many specialists thought, that TB Control in countries of ex-USSR would be completed by the victory and the phthisiatricians wouldn't be requested. Just at that time the most tuberculosis chairs of the high medical schools were changed by chairs of phthisiopulmonology. However from the early 90th tuberculosis became a problem on the territory of post-soviet countries again. Complicate epidemiological situation was a main reason for WHO to propose DOTS strategy as only policy function for TB Control in the territory of former USSR. For effective implementation of this new strategy integrated staff training system is required. Specialists of four levels get training in the chair of phthisiology and pulmonology of Donetsk medical university. Professor and assistant professor of this chair took the first course in DOTS strategy in order to use the findings in their work – in training of TB specialists of all levels. During the first year about 400 TB specialists were educated by officer of WHO Office for TB Control in Ukraine in common with specialists of Donetsk medical university and instructors from other countries (Kazakhstan, Uzbekistan, Kirghizia).

P165. RESULTS OF TREATMENT OF PATIENTS WITH LUNG TB DISEASE IN KUMANOVO FOR 2000 YEAR

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Republic of Macedonia passed National program for control of TB for five years period (2000–2005) which is based on use of DOTS strategy and enable full access in control of tuberculosis within the country. Dispensary for Lung Diseases and Tuberculosis – Kumanovo is pilot municipality in realization of DOTS strategy.

The goal of our work is to present the results of treatment of patients caught by tuberculosis in municipality Kumanovo for 2000 year.

All new cases and relapses of TB for 2000 year in municipality Kumanovo have been prepared. There are 60 new cases of TB: sputum smear positive - 25, sputum smear positive relapse - 4, sputum smear negative – 18, extra pulmonary TB patients -13.

The results of treatment of patients caught by tuberculosis are the following: Cured (bacteriologic negative) – 12, treatment completed – 35, died – 1, interrupted treatment (defaulted) – 6, transfer in another dispensary - 2; Relapses: cured – 1, treatment completed – 2, interrupted treatment (defaulted-smear neg.) - 1.

Conclusion: From total number of patients caught by tuberculosis 29 (48,30 %) are sputum smear positive; 21,66 % are cured and therapy treatment has been completed at 61,66 %. On the basis of this, more work should be done on improvement of bacteriologic diagnosis of tuberculosis.

P166. THE CAUSES OF UNSUCCESSFUL TREATMENT OF TUBERCULOSIS IN CONTEMPORARY CONDITIONS

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The relapse of tuberculosis is every case with bacteriological or radiological reactivation of the disease, after the successful healing was achieved. The remaining of the high percentage of patients with the relapses of tuberculosis in our country, is a serious warning that there are mistakes in the treatment that have not been moving away.

Taking into consideration the present epidemiological situation concerning tuberculosis in our country, the aim of this study was to find out the number, characteristics and main reasons that caused the development of TB relapses.

The analysis was done on patients who were treated for TB relapses during 1999. and 2000. in Institute for Lung Diseases in Sremska Kamenica. The data about previous attack of illness, present status and risk factors were taken from the patients (anamnesis and heteroanamnesis) and from their medical files.

Among 415 patients treated for tuberculosis 19,5% were relapses. In most of the cases the disease was localized in lungs (92%), bilateral (71%) and cavernous (57%), bacteriologically confirmed in 75% of the cases, and even 64% of them were smear positive. Resistance to one or more antituberculotics was found in 20% of the cases. Successful result of hospital treatment was achieved in 47% of the cases, while 8 patients (10%) died. Even 40% of patients were irregularly and incompletely treated previously, 49% of them belongs to the category of socially endangered, while 28% of the patients were alcoholics.

The most important reasons for the development of TB relapses are irregular and uncompleted previous treatment, ancooperability of the patients, alcoholism and bad economic conditions.

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P167. IMPLEMENTATION OF DOTS PROGRAMME IN TOMSK AIMED AT PREVENTION AND CURE OF MDR TB

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E.V. Goncharova, O.E. Sharaburova, V.T. Golubchikova,
L.N. Buynova, L.E. Petrova, T.V. Lyagoshina,
V.E. Pavlova, A.A. Platonenkova, A.A. Strellis,
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Adaptation of WHO strategy known as DOTS to conditions of Tomsk Region, West Siberia, area with high TB incidence (102 per 100 000 population), enabled to reach 85% cure rate and 80% cavity closure rate in new cases. Primary drug resistance (27,7%) and primary MDR (7,6%) indices are fairly high. Starting from 2000 simultaneously with DOTS, a programme has been introduced aimed to combat MDR TB, which is supposed to increase general effectiveness of TB treatment, prevent chronic cases and further transmission of MDR TB.

P168. TREATMENT OF MDR TB PATIENTS IN SPECIAL DEPARTMENTS OF TOMSK REGIONAL TB HOSPITAL WITHIN PILOT DOTS PLUS PROJECT

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T.Z. Malinovskaya, S.G. Shvedova, T.P. Tonkel,
A.A. Strellis, D.Y. Schegartsov, A. Gale, T.V. Lyagoshina,
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Two special departments (40 and 25 beds) to treat MDR TB patients within pilot DOTS Plus project were opened on the facilities of Tomsk Regional TB Hospital. Since 1.01.2001 55 patients have been treated, age varied from 18 to 57 years old, clinical forms were as follows: primary TB complex (2), infiltrate (25), disseminated (10), focal (3), cavernous (1), fibrous-cavernous (12) and tuberculomas (2). Resistance profiles are the following: HR–1; HRS-9; HRSK-3; HRSE-20; HRSEK-12; HRSKEth-1; HRSEEth-2; HRSEKEth-5; HRSKEthCap-1; HRSKEEthCap-1. Individual treatment regimens consisted of 4 (10 patients), 5 (20 patients) and 6 (25 patients) drugs for the first 6 months of in-patient treatment, which outcomes have been evaluated as favorable.

P169. UNIFIED CLINICAL EXPERT COMMISSION AS ANALYTICAL AND ADVISING BODY OF INTERAGENCY MDR TB CONTROL PROGRAMME IN TOMSK REGION, RUSSIA

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Unified Clinical Expert Commission has been operating for 2 years. Its tasks are as follows: selection of patients to be included into DOTS Plus pilot; making decision on TB treatment regimen; clinical follow up; prevention and elimination of side effects; development of therapy and surgery strategy for DOTS and DOTS Plus programmes; identification of needs in certain resources; summarizing scientific outcomes; supporting tangible links between clinical units of all TB services in the area; development of recommendations and their presentation to Executive Committee of Interagency TB Control Programme in order for recommendations to be introduced.

P170. DOTS IMPLEMENTATION IN LITHUANIA

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The epidemiological situation of tuberculosis (TB) in Lithuania is serious problem Tuberculosis is extremly pulmonary tuberculosis smear positive cases an important health services problem in Lithuania. During last ten years insidence of tuberculosis has been increased, in 1989 was only 37,4 per 100.000 of population and in 1998 in had already increased up to 81,4 per 100.000 of population. In March 1998 the National Programme on Tuberculosis Prevention and Control has been approved. DOTS implemetation according WHO recommendations has been started on January, 1998 in 3 selected regions of Lithuania. TB control pilot project is based on the DOTS strategy, where the crucial item of five points policy package is directly observed standardised short course chemotherapy (SCC) for newly detected TB patients, DOTS strategy was expansion 2001 and was occupied per 50 % all population of republic.
Methods: Coordination among health services with to provide comprehensive training to health personals and to standardized case detection, case holding, and case treatment, information and reporting systems, established mikroskopy enters and health education to patients for responsibility with compliance.
Results: In 1998 and 1999 years the number of new cases detected TB patients were 200. 64% patients with pulmonary TB exctreted tuberculosis micobacteria.

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Cohort analysis of TB treatment of the patients in the3 pilot regions 1998 and 1999 years shows the high treatment efficiency of TB in the pilot areas: successful - 85%, defoulter - 8%, died - 5,5%. The abaciliarity was achieved in 87% cases.

P171. THE ANALYSIS OF OUTCOMES OF TUBERCULOSIS TREATMENT IN THE ARCHANGELICAL AREA

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Since 1998 in the Archangelic area is implanted the program pressing measures on strife with tuberculosis - DOTS strategy. Since the third quarter of 1999 the program began the activity in SEC (a system of execution of punishments) N 1 (from now the outcomes of treatment include the items of information from SEC). In 1999 in the Arhangelsk area were registered 407 new cases of pulmonary tuberculosis with discharging Mycobacterium tuberculosis. After realization of short-term courses of chemotherapy were obtained the following outcomes: 59,2 %- cured; 7,8 % - had died of tuberculosis; 3,1 %- had died of other diseases; 7,3 %-unsuccessful treatment; 7,8 %-interrupted treatment; 5,8 %- transferred in other entity; 9 %- MDR.
For 9 months of the year 2000 were registered 495 new cases of pulmonary tuberculosis with discharging Mycobacterium tuberculosis. Outcomes of treatment are as the following: 65,7 % - cured; 6,3 % - had died from tuberculosis;1,5 % - had died of other diseases; 11,1 % - unsuccessful treatment; 10,4 % - interrupted treatment; 1,5 % - is transferred in other entity; 3,7 % - MDR. Now outcomes of tuberculosis treatment in the Arhangelsk area did not reach proper level owing to large number of interrupted treatment. Taking in accordance the obtained data it is necessary to improve measures on the organization of controlled treatment, to render social support to the patients, receiving the course of treatment.

P172. PRELIMINARY RESULTS OF THE DOTS PILOT PROJECT – SHKODRA, ALBANIA

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The present abstract is describing the preliminary results of the Shkodra DOTS pilot project.
The pilot project results were evaluated through visits performed every quarter and the smear examination results and smear conversion rates were calculated. In the same time, the availability of drugs, reagents, forms and registers were checked.
Results: the pilot started in January 2002, after 4 months of preparation. During the preparation phase the fists line TB drugs, reagents and consumables were distributed, forms and registers made available in Albanian language, training of all categories of health staff involved was preformed.
During the first year of the project, a total of 67 patients with TB were registered from which 52 (78%) were pulmonary cases. 46 (88.5%) were pulmonary new cases, out of which 28 (61%) were smear positive; 6 (11.5%) were retreatment cases with 5 (84%) smear positive cases. In terms of smear conversion, out of the 17 new pulmonary cases smear positive registered during the first 6 months, 14 (82.3%) were converted after 2 months of treatment. From the 4 retreatment cases smear positive registered during the first 6 months of treatment, 3 were converted after 2 months of treatment.
Conclusions: the results of the very first year of the DOTS pilot project in Shkodra are very good, the data are available and the outcomes obtained are encouraging for the DOTS expansion in Albania.

P173. 9 MONTHS RESULTS OF THE DOTS PILOT PROJECT –TIRANA, ALBANIA

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The present abstract is describing the 9 months results of the Tirana DOTS pilot project.
The pilot project results were evaluated through visits performed every quarter and the smear examination results and smear conversion rates were calculated. In the same time, the availability of drugs, reagents, forms and registers were checked.
Results: the pilot started in January 2002, after 2 months of preparation. During the preparation phase the first line TB drugs, reagents and consumables were distributed, forms and registers made available in Albanian language, training of all categories of health staff involved was preformed.
During the first 9 months of the project, a total of 151 patients with TB were registered from which 102(68%) were pulmonary cases. 101 (95%) were pulmonary new cases, out of which 67 (66%) were smear positive and 1 was retreatment case.
In terms of smear conversion, out of the 37 new pulmonary cases smear positive registered during the first 6 months, 36 (%) were converted after 2 months of treatment.
Conclusions: the results of the very first year of the DOTS pilot project in Tirana are very good, the data are available and the outcomes obtained are encouraging for the DOTS expansion in Albania.

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P181. INCIDENȚA ȘI POSIBILITĂȚILE DE CONFIRMARE ALE TUBERCULOZEI EXTRARESPIRATORII ÎN TERITORIUL DISPENSARULUI TB BAIA MARE (1997-2001)

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Lucrarea se referă la cazurile de tuberculoză extrapulmonară (TB-EP) înregistrate în teritoriul Dispensarului TBC Baia Mare în perioada 1997-2001. S-au urmărit incidența cazurilor TB-EP, modalitățile de confirmare a diagnosticului, proporția cazurilor cu confirmare certă a diagnosticului în funcție de fiecare localizare, incidența TB-EP raportată la incidența globală a TBC. Lotul studiat a cuprins 75 bolnavi repartizați astfel: 16 TBC ganglionar, 10 TBC urogenital, 11 pericardită TBC, 10 TBC osteoarticular, 7 cu localizare abdominală, 9 meningită TBC, 12 cazuri cu alte localizări. S-a observat creșterea incidenței TB-EP paralel cu creșterea incidenței globale a tuberculozei. Gradul de confirmare a etiologiei bacilare a fost de 100% în cazul TBC ganglionar și urogenital și în jur de 70% în cazul TBC osteoarticular și abdominal. Diagnosticul meningitei și pericarditei TBC lasă de dorit bazându-se mai ales pe elemente indirecte. S-au pus în evidență cazuri cu localizări multiple ale bolii ceea ce denotă gravitatea endemiei în teritoriu.

P181. THE INCIDENCE AND POSSIBILITIES OF CONFIRMATION OF EXTRAPULMONARY TUBERCULOSIS IN THE TERRITORY OF BAIA MARE TB DISPENSARY (1997-2001)

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The paper refers to the cases of extrapulmonary tuberculosis (EP-TB) registrated in the territory of Baia Mare Antituberculosis Dispensary between1997 and 2001.We followed the incidence of EP-TB cases, the possibilities of confirmation of the diagnosis, the proportion of the cases with certain confirmation of the diagnosis for every localization, the incidence of EP-TB in comparison to the global incidence of tuberculosis. The studied group was formed of 75 patients with the following sites of the disease: 16 limph nodes TB, 10 genitourinary tract TB, 11 pericarditis, 10 bone and joint TB, 10 abdominal TB, 9 meningitis,12 cases with other sites. We noticed the increasing of EP-TB parallel to the increasing of global incidene of TB. The rate of confirmation of the bacillary ethiology was 100% for limph node and urogenitary tract localization and arround 70% for the abdominal and osteoarticulary ones. The diagnosis of meningitis and pericarditis was hard to make and was based mostly on indirrect signs. It has been noticed a lot of cases with more than one site of the disease wich showes the gravity of the tuberculosis endemy in our territory.

P182. ASPECTE EPIDEMIOLOGICE ALE EVOLUȚIEI TUBERCULOZEI LA COPIII DIN TERITORIUL URZICENI

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În intervalul 1991-2000 au fost înregistrați 44 de copii 0-14 ani cu diverse forme de tuberculoză, consemnându-se valori ale incidenței îmbolnăvirilor la populația infantilă de la 3.8‰ în 2000. Din totalul cazurilor, 8 (18.18%) au provenit din mediul urban, iar 36 (81.82%) din mediul rural; repartiția pe sexe a fost egală. Referitor la grupele de vârstă, se confirmă faptul că, atât la copii mici (0-4 ani) cât și la pubertari, incidența îmbolnăvirilor de tuberculoză este crescută (19, respectiv 18 cazuri). Din punctul de vedere al localizărilor și formelor clinice, s-a constatat că 9 cazuri (20.45%) au fost pulmonare, 32 cazuri (72.73%) au fost extrapulmonare, iar 3 cazuri (6.82%) au avut atât localizare pulmonară, cât și extrapulmonară. În situația a 6 pacienți s-a asociat infecție HIV, 4 dintre ei decedând pe parcurs. Din toalul cazurilor, 15 au facut parte din focar familial cunoscut. Majoritatea copiilor luați în evidență în această perioadă (72.73%) au urmat tratament antituberculos corect. Valorile crescute ale incidenței tuberculozei la copii în teritoriul Urziceni în ultimii ani au fost influențate de: o diagnosticare corectă, ca urmare a spitalizării inițiale într-o unitate de profil din capitală; declararea tuturor cazurilor aflate în tratament (în anii anteriori unii copii au fost "chimioprofilactați" cu 2-3 medicamente antituberculoase fără a fi declarați); creștere paralelă a incidenței la adulți (crescând implicit numărul de surse); scăderea numărului total de copii din teritoriu prin reducerea natalității, migrarea populației spre marile orașe etc.). Repartizarea după grupe de vârstă, mediu, sex, localizare și forme clinico-radiologice a fost similară cu cea din alte studii.

P182. EPIDEMIOLOGICAL ASPECTS OF PAEDIATRIC TUBERCULOSIS IN THE URZICENI AREA

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Within the period of 1991-2000 there were registred 44 children of 0-14 old with different old with different forms of tuberculosis, the value of incidence rates for paediatric TB varying form 3.8‰ in 19991 tp 62.5‰ in 2000. Of the total cases, 8 (18.18%) were from urban areas, and 36 (81.82%) from rural areas; the distribution by sex was equal. By the age groups, there was confirmed that both to the small children (0-4 years od), and to the teenagers, the incidence of tuberculosis sickness is high (19, respectively 18 cases). From the location and clinical form point of view there was observed that 9 cases (20.45%) were pulmonary, 32 cases (72.73%) extrapulmonary and 3 cases (6.82%) were both pulmonary and extra-

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pulmonary. For the cases of 6 patients, the HIV infection was associated, 4 dying in the meantime. Out of the total cases, 15 were part of known intrafamiliar focus. Most children recorded during this period (72.73%) have had correct anti-tuberculosis treatment. The high values of tuberculosis incidence on children within Urziceni territory in last years have been influenced by: correct diagnosis, resulted form initial hospitalisation in the capital specialised medical units; declaring all treated cases (in the preceding years some children have been chemoprophylacted with 2-3 antituberculosis drugs without being declared); the paralled increase of the incidence to adults (the number of sources being raised implicitly); the decrease of the total number of children within the territoty (decrease of birth-rate,

P183. CONSIDERAŢII ASUPRA ÎMBOLNĂVIRILOR PRIN TUBERCULOZĂ ÎN COLECTIVITATEA RROMILOR DIN TERITORIUL URZICENI

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Studiul a cuprins 66 de pacienţi de etnie rromă (42 adulţi şi 24 copii), reprezentând 8.8% din totalul bolnavilor cu tuberculoză luaţi în evidenţă în teritoriul Urziceni între 1991-2000. S-au înregistrat 60 de cazuri noi şi 6 recidive. Riscul de îmbolnăvire s-a dovedit a fi mai mare la sexul masculin (63.64%) şi la pacienţii din mediul rural (87.88%). Proporţia copiilor de etnie rromă diagnosticaţi cu TB a reprezentat peste 50% din totalul copiilor 4-14 ani din teritoriul studiat (24 de copii rromi dintr-un total de 44). Grupele de vârstă cele mai afectate au fost 0-4 ani şi 20-29 ani. La 56.06% din cazuri s-au asociat şi alte afecţiuni, cele mai frecvente fiind alcoolismul şi bolile digestive; 4 cazuri din totalul pacienţilor au fost HIV-pozitive. Dintre pacienţii cu vârste peste 15 ani, 73.80% au fost fumători; 76.19% nu au avut nici o ocupaţie la data înregistrării. Peste 60% dintre bolnavi au avut o locuinţă nesatisfăcătoare (insalubră, cu aglomerare de aprox. 4 persoane/cameră). 15 cazuri (8 copii şi 7 adulţi) au făcut parte dintr-un focar familial cunoscut. Ca localizare, au predominat formele pulmonare; majoritatea adulţilor au fost diagnosticaţi cu forme avansate de boală, intens contaminatoare. Refuzul internării sau externarea fără aviz medical s-au semnalat la circa ¼ din cazuri, complianţa la tratament fiind redusă. Din totalul pacienţilor, doar 48.48% au avut rezultate favorabile (TC sau V); 10.61% au înregistrat eşec terapeutic; 21.21% - abandon; 10.61% - pierduţi din evidenţă; 9.09% - decedaţi.
În concluzie, îmbolnăvirea prin tuberculoză la populaţia de rromi este în strânsă relaţie cu nivelul scăzut al educaţiei sanitare şi condiţiile socio-economice.

P183. CONSIDERATIONS OF TUBERCULOSIS IN THE RROMA COMMUNITY OF URZICENI TERRITORY

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The study viewed 66 rroma patients (42 adults and 24 children), representing 8.8% of the total tuberculosis recorded patients in Urziceni territory between 1991-2000. There have been registred 60 new cases and 6 relapses. The risk of the disease has proved of being higher to males (63.64%) and rural area patients (87.88%). The percentage of rroma children diagnosed with TB has been over 50% of the total of children of 0-14 years old from the studied teritory (24 rroma children out of a 44 total). The most affected age groups were 0-4 years old and 20-29 years old. To 56.06% of the cases other affections have also been associated, the most frequent being alcoholism and digestive diseases; 4 cases out of the total of patients were HIV-positive. Out of the patients ageing over 15 years, 73.80% were smokers; 76.19% had no occupation at the date of recording. Over 60% of the subjects possessed an inadequate dwelling (unclean, crowding of approx. 4-people/room). 15 cases (8 children and 7 adults) were part of a known intrafamiliar focus. From the location point of view, there prevailed the pulmonary forms; most of the adults being diagnosed with advances states of sickness, intensely contaminating. The refusal for being admitted or the release without medical approval has occurred in about ¼ of the cases, the compliance to treatemtn being reduced. Out of the total of patients, only 48.84% showed favourable results (TC or V); 10.61% have recorded therapeutic failure; 21.21% - abandoned; 10.61% - lost from surveillance; 9.09% - deceased.
As a conclusion, tuberculosis of the rroma population is strongly related to the low level of education for health and the social and economic conditions.

P184. O TREIME DIN POPULAŢIA MUNICIPIULUI TIMIŞOARA ŞTIE SĂ IDENTIFICE CORECT CUM SE TRANSMITE TUBERCULOZA PULMONARĂ

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Obiective: Evaluarea unor cunoştinţe minimale cu privire tuberculoza pulmonară: transmisie, frecvenţă comparativ cu infecţia HIV.

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Metode: Interviurile, pe bază de chestionare, au fost desfăşutate la nivelul ambulatoriului de pneumoftiziologie, la centrul MRF, într-un cabinet al medicului de familie, precum şi în rândul studenţilor de la universitate, pe o perioadă de 6 luni.
Rezultate: Din cei 5476 de intervievaţi, 19,10% nu ştiau nimic despre tuberculoză, 36,42% au răspuns incorect, 19,76% au răspuns parţial corect. Numai 24,72% au răspuns corect. Deşi persoanele intervievate aveau niveluri de pregătire şi provenienţe diferite, diferenţele în ce priveşte rata răspunsurilor corecte nu au fost semnificative.
Persoanele intervievate au dovedit mult mai multe şi precise cunoştinţe referitoare la infecţia cu HIV, decât faţă de infecţia tuberculoasă. Această situaţie se datorează unei mediatizării mai ample şi susţinute a informaţiei despre infecţia cu HIV, decât ceea ce s-a făcut în domeniul prevenţiei tuberculozei.
Concluzii: Educaţia populaţiei, prin mediatizare susţinută şi repetată, emiterea unor publicaţii cu privire la riscul transmisiei tuberculozei, precum şi implicarea altor departamente ale asistenţei medicale: medici de familie, medici şcolari, voluntari Crucea Roşie etc., ar trebui să fie o prioritate pentru prevenţia tuberculozei în România.

P184. ONLY ONE-THIRD OF TIMIŞOARA POPULATION CAN CORRECTLY IDENTIFY HOW TUBERCULOSIS IS TRANSMITED

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Purpose: The evaluation of minimal knowledge about pulmonary TB: transmission, frequency in comparison with HIV infection.
Methods: The question, as questionnaires, have born made at the level of the TB policlinic, MRF center, in a family doctor surgery and also to University students for a 6 months period of time.
Results: From the 5476 subjects, 19,10% didn't know anything about TB, 36,42% answered incorrectly and 19,76% answered partially correctly. Only 24,72% answered correctly. Although the questioned persons had different education backgrounds and origin, the rate of correctly answers regarding the questions were not significantly different. The questioned persons proved more exactly knowledges about HIV infection than about TB infection. This fact is due especially by stronger promotion in media about HIV than about TB.
Conclusions: The education of the population, by sustained and continuous promotion program, publishing of specialized papers regarding the risks of TB transmission, but also the implication of other departments of medical assistance: family doctor, school doctor, red-cross volunteers, and so on, should be a priority to prevent TB in Romania.

P185. TUBERCULOZA CU LOCALIZĂRI MULTIPLE SIMULTAN ACTIVE – INDICATOR AL STĂRII DE SĂNĂTATE A POPULAŢIEI

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Ca un corolar al creşterii importante a incidenţei cazurilor de tuberculoză pulmonară BK+M se remarcă un nivel ridicat al incidenţei şi prevalenţei şi a cazurilor de tuberculoză cu localizări multiple simultan active (TS). Pe teritoriul judeţului Iaşi în perioada 1.01-31.10.2001, din 1350 cazuri TB luate în evidenţă 46 cazuri au fost cu TS şi 40 cazuri cu tuberculoză extrarespiratorie (alte localizări decât cea pleurală). În primele 6 luni ale anului 2001 în spitalul Agigea din judeţul Constanţa au fost spitalizate la un singur medic 20 cazuri TS. Ţinând cont că aceste cazuri sunt expresia unei rezistenţe deosebit de scăzute a organismului, s-au analizat factorii care au determinat această creştere îngrijorătoare a numărului de cazuri TS. Menţionăm: alcool, subnutriţie, sindroame anemice cronice, stress.

P185. THE TB CASES WITH MULTIPLE SIMULTANEOUS ACTIVE SITES (ST) – A GOOD INDICATOR OF PUBLIC HEALTH

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Following the important increase of the incidence of the pulmonary TB cases BAAR+M, one can notice a high level of incidence and the prevalence of the TB cases with multiple simultaneous active sites (ST). In the District of Iasi, between 01.01-21.10.2001, 1350 TB cases were registered: 46ST cases and 40 extra-respiratory TB cases (other sites than the pleural).
The first 6 months of the 2001st in Agigea Hospital/ Constanta District 20 ST cases were checked in to a single physician.
ST cases are known to be a characteristic of the development of a bacillary disease on a very low resistant organism. That is why we try to analyze the factors responsible for inducing this alarming increase of the ST cases.

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P186. STUDIUL CORELAȚIEI DINTRE DIMENSIUNEA CICATRICEI POSTVACCINALE BCG ȘI REACȚIA MEDIE TUBERCULINICĂ

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Am evaluat dimensiunea medie a reacției tuberculinice (RT) în funcție de diametrul mediu al cicatricei postvaccinale BCG. Cercetarea a cuprins un număr de 17.243 de testări efectuate la elevi din clasele I, a VIII-a, a X-a, a XII-a între 1974–1995 în județul Dolj de către cadre medii instruite de medici specialiști pneumoftiziologi. Am consemnat dimensiunea cicatricei vaccinale medii și a reacției tuberculinice la totalul celor studiați și separat pentru clasele de elevi testați, semnificația diferențelor apreciinduse prin testul "T" student. Cicatrici vaccinale de sub 3 mm prezentau 21,5% din elevii testați, iar reacțiile tuberculinice de 0–1 mm predominau cu o proporție de 60%. Dacă la clasele I, a VIII-a și a X-a predomină net reacțiile tuberculinice cu diametrul 0–1 mm, la clasa a XII-a predomină reacțiile pozitive (>10 mm). Pentru elevii cu cicatrice BCG de 0–2 mm, diametrul mediu al reacției tuberculinice este de sub 9 mm la toate categoriile de elevi; la dimensiuni ale CV≥3 mm apar reacții tuberculinice de peste 9 mm la elevii de clasa a XII-a. Era de așteptat ca dimensiunea reacției tuberculinice să crească paralel cu diametrul mediu al cicatricei postvaccinale BCG. Dar în studiul nostru se constată variații ale reacției tuberculinice foarte mici la clasa I, un paralelism pregnant evidențiindu-se la elevii de clasa a XII-a.

P186. THE STUDY OF THE CORRELATION BETWEEN BCG POSTVACCINE SCAR AND THE AVERAGE TUBERCULIN REACTION

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We evaluated the average dimension for the tuberculin reaction (TR) related to the average diameter of the BCG postvaccine scare. The research numbers 17.243 tests on students of the 1st, 8th, 10th, 12th grade, between 1974–1995 in Dolj county. The middle-staff instructed by pneumophtiosiology physicians made the research. We noted the dimension of the average vaccine scar and of the tuberculin reaction for all that had been studied and separated for the tested grades. The significance of the differences has been appreciated by using the "T" student. 21,5% of the tested students had a vaccine scar less than 3 mm, and 60% were the 0–1mm tuberculin reactions. The 0–1 mm diameter tuberculin scars prevail at the 1st, 8th and 10th grades, the positive reactions (>10 mm) prevail at the 12th grade. At the students with a 0–2 mm BCG scar, the average diameter of the tuberculin reaction is less than 9 mm for all students categories. Dimensions of CV≥3 mm are accompanied by tuberculin reactions of more than 9 mm at 12th grade students. It was expected the growth of the dimension of tuberculin reaction at the same time with the average diameter of the BCG postvaccine scar. In our study it is obvious that there are very small variations for the tuberculin reaction at the 1st grade and there is an important parallelism at the 12th grade students.

P187. INFLUENȚA UNOR ASPECTE ECONOMICO-SOCIALE ASUPRA DINAMICII ENDEMIEI TUBERCULOZEI ÎN ROMÂNIA, ÎN ULTIMII 15 ANI

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În România incidența tuberculozei este în creștere în ultimii 15 ani: 55.8‰ooo în 1985 și 123.7‰ooo în 2000; la copii incidența a crescut de la 7.9‰ooo, la 42.7‰ooo iar mortalitatea a crescut de la 4.2‰ooo (1989) la 9.5‰ooo (2000). Perioade lungi de stress și grave lipsuri materiale de deteriorare a unor factori economici și sociali au influențat negativ nivelul stării de sănătate a populației în general și în ceea ce privește evoluția tuberculozei. Între 1985 și 1998 consumul de alimente (kg/capita) s-a redus simțitor: la zahăr: 26.3 kg în 1985 la 20 kg în 1998; consumul de fructe: 71 kg (1985) și 44 kg (1998); consumul de carne: 55 kg (1985) și 44 kg (1998); consumul de grăsimi: 17 kg (1985) și 14 kg (1998); consumul de legume: 169.8 kg (1985) și 90.6 kg (1998). PIB a fost de 2100 $ (1985) și 1660 $ (1998). Rata șomajului: 3% (1990) și 10.3% (1998). Venitul social real s-a redus cu 52% în ultimii 15 ani. Structura bugetului familial s-a modificat negativ: cheltuielile pentru alimentație și băuturi alcoolice au reprezentat 60% din buget în 1995 și doar 37.4% în 1998. Deteriorarea nivelului de trai este unul din factorii principali care au contribuit la creșterea incidenței tuberculozei.

P187. INFLUENCE OF CERTAIN ECONOMICAL AND SOCIAL ASPECTS ON THE DYNAMICS OF TUBERCULOSIS DISEASE IN ROMANIA IN THE LAST 15 YEARS

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TB incidence increased in Romania in the last 15 years: 55.8‰ooo in 1985 and 123.7‰ooo in 2000. The incidence in children increased from 7.9‰ooo to 42.7‰ooo, the

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mortality being also increased from 4.2‰ (1989) to 9.5‰ (2000) for the same period. Long periods of the stress and serious material wants, the determination of certain economic and social factors differentiated negatively the population's health state in general as well as in what concerns the tuberculosis disease. The food consumption (kg/capita) was reduced seriously: sugar (26.3 kg in 1985 to 20 kg in 1998), fruit (71 kg in 1985 to 44 kg in 1998), meat (55 kg in 1985 to 44 kg in 1998), fats (17 kg in 1985 to 14 kg in 1998), vegetables (169.8 kg in 1985 to 90.6 kg in 1998). GNP was 2100 $ in 1985 and 1660 $ in 1998. The unemployment rate was 3% (1990) and 10.3% (1998). The real social income was reduced with 52% in the last 15 years. The family budget was modified negatively: the expenditures for food and spirit drinks represented 60% of the budget in 1995 and only 37.4% in 1998. The deterioration of the living conditions is the main factor that also contributed to the increase of the incidence of tuberculosis.

P188. CONSIDERAŢII ASUPRA INCAPACITĂŢII TEMPORARE DE MUNCĂ DETERMINATĂ DE TUBERCULOZĂ ÎN ROMÂNIA

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Boala tuberculoasă determină scoaterea din producţie pe perioade mai lungi de timp a unor indivizi în plină activitate profesională. Chimioterapia modernă a redus mult durata concediilor medicale de boală determinate de tuberculoză, scăzând astfel şi cheltuielile din bugetul asigurărilor sociale de stat. Indicele de gravitate (numărul de zile de concediu medical pentru boală la 100 de salariaţi) a scăzut de la 75.2 zile în 1972, la 26.6 zile în 1985, dar s-a modificat ca urmare a unei creşteri importante a incidenţei tuberculozei în perioada 1990-2000, ajungând la 43.0 zile în 1993 şi 30.85 zile în 2000. 3.25% din zilele de concediu medical de boală acordate în anul 2000 au fost determinate de tuberculoză; o pondere mai ridicată s-a înregistrat în câteva ramuri de producţie: 7.11% în construcţii, 5.38% în industria hârtiei şi celulozei, între 4.37 – 4.28% în industriile: chimică, materiale de construcţii, energetică, cărbune, prelucrare de materiale neferoase. Ponderea tuberculozei în determinarea incapacităţii temporare de muncă este mai crescută în judeţe cu incidenţă ridicată a bolii: 6.94% în jud. Ilfov, 5.86% în jud. Olt, 4.79% în jud. Galaţi. Reducerea pagubelor produse de tuberculoză în economia naţională nu este posibilă decât în prezenţa unei reduceri a numărului de îmbolnăviri sau a descoperirii unor tratamente de foarte scurtă durată.

P188. CONSIDERATIONS ON THE TEMPORARY DISABLEMENT DETERMINED BY TUBERCULOSIS IN ROMANIA

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The tuberculosis disease takes out of production certain individuals for long periods time although they are in full productive activity. The modern chemotherapy has reduced much the length of the medical leaves determined by tuberculosis, and implicitly the expenditures from the budget of the state social insurances. The index of severity (number of medical leave days for the disease per 100 employees) decreased from 75.2 days in 1972 to 26.6 days in 1985, but it was modified as a result of an important increase of the TB incidence during 1990-2000, reaching 43.0 days in 1993 and 30.85 days in 2000. There were determined by tuberculosis 3.25% of the medical leave days given in 2000. A higher weight was recorded in a few production branches: 7.11% in the industry constructions, 5.38% in industry of paper and cellulose, between 4.37-4.28% in the industry of chemistry, construction materials, energetic, coal, non-ferrous metal processing. The weight of tuberculosis in determining the temporary disablement is more increased in districts with a high disease incidence: 6.94% in Ilfov, 5.86% in Olt, and 4.39% in Galati. The reduction of the damages brought by tuberculosis to the national economy is possible only with a reduction in the number of cases or a short-time treatment.

P189. PARTICULARITĂŢI ALE ENDEMIEI DE TUBERCULOZĂ ÎN BUCUREŞTI

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[1] Institutul de Pneumologie „Marius Nasta" Bucureşti, [2] Ambulatorul Spitalului de Pneumoftiziologie, Bucureşti, România

Incidenţa tuberculozei este în continuă creştere în România începând încă din 1985. Şi în Bucureşti, incidenţa tuberculozei de asemenea este în creştere: 84.0‰ în 1990 şi 139.9‰ în 2000 şi se situează în permanenţă la un nivel superior faţă de incidenţa pe întreaga ţară. Cea mai grav afectată este populaţia de 30-59 de ani (145.1‰-191.9‰). Ponderea bolnavilor cu recidivă a crescut de la 7.7% în 1990, la 12.0% în 2000. Prevalenţa maximă a bolnavilor eliminatori de bacili pe teritoriul oraşului a crescut de la 89.2‰ în 1990, la 138.1‰ în 2000 mărind astfel riscul de contaminare al populaţiei. Ca urmare, în 1999 la copiii de 1-5 ani, prevalenţa infecţiei a fost de 5.6%, iar incidenţa infecţiei

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1.1%. Incidența tuberculozei la copii a crescut de la 24.5‰ în 1990, la 55.4‰ în 2000 și variază în sectoarele orașului între 25.5‰ și 97.1‰. Mortalitatea datorată tuberculozei a crescut de la 7.4‰ în 1990 la 13.6‰ în 1995, dar a scăzut la 10.2‰ în 2000. Rata de succes în tratamentul tuberculozei pulmonare (M+) a crescut de la 78.0% în 1998 la 82.0% în 2000. Tuberculoza rămâne în București o problemă prioritară de sănătate publică. În anul 1999, din totalul sumelor plătite pentru incapacitate de muncă, 4.4% s-au datorat unei singure boli: tuberculoza.

P189. PARTICULARITIES OF THE TUBERCULOUS ENDEMIC IN BUCHAREST

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The incidence of tuberculosis in Romania has increased continuously since 1985. In Bucharest, the incidence of tuberculosis has also increased: 84.0‰ in 1990 and 139.9‰ in 2000, being situated permanently at a level superior to the incidence by the whole country. The population of 30-59 years is the most affected one (145.1‰-191.9‰). The weight of patients with relapses has increased from 7.7% in 1990 to 12.0% in 2000. The maximum prevalence of patients eliminating bacilli increased in Bucharest from 89.2‰ in 1990 to 138.1‰ in 2000, thus increasing population's risk of contamination. As a result, the infection prevalence was 5.6% and the infection incidence 1.1% in the children of 1-5 years in 1999. The TB incidence in children increased from 24.5‰ in 1990 to 55.4‰ in 2000 and varied between 25.5‰ and 97.1‰ in the town sectors. The mortality due to the TB increased from 7.4‰ in 1990 to 13.6‰ in 1995, but decreased to 10.2‰ in 2000. The rate of success in treatment of the pulmonary tuberculosis (M+) increased from 78.0% in 1998 to 82.0% in 2000. Tuberculosis remains in Bucharest a priority problem of public health. Out of the total amount of money paid for medical leave days in 1999, 4.4% were due to a single disease: tuberculosis.

P190. EVOLUȚIA INCIDENȚEI TUBERCULOZEI LA NIVEL NAȚIONAL LA COPII ÎN ULTIMII 10 ANI

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După cum este cunoscut, incidența tuberculozei în România a înregistrat după 1985 (55.8‰) creșteri progresive ajungând în anul 2000 la un nivel de 123.7‰. Prevalența periodică a baciliferilor („oferta de bacili" în teritoriu) a crescut de la 71.8‰ în 1985 la 115.3‰ în anul 2000. Drept urmare și incidența tuberculozei la copii în România a crescut de la 7.0‰ în 1985 la 42.7‰ în 2000; în 6 județe incidența variază între 90-125‰. Ponderea copiilor (0-14 ani) din totalul de cazuri noi înregistrate în anul 2000 fiind de 7.3%, apropiată de cea din urmă cu 25 de ani (7.5% în 1975). Incidența pe sexe a tuberculozei la copii (0-14 ani) a fost în anul 2000 de 49.1‰ la băieți și respectiv 33.6‰ la fete. Pe grupe de vârstă, riscul cel mai ridicat de îmbolnăvire îl au copiii de 0-4 ani; cele mai ridicate valori s-au înregistrat la băieții de 0-4 ani (44.8‰) și la fetele de 10-14 ani (41.2‰). 88.4% din copiii bolnavi au prezentat localizări endotoracice (din care pleureziile 8.2%), iar 11.6% au prezentat localizări extratoracice. Reducerea cazurilor sursă, prin chimioterapie și negativarea durabilă a acestora este condiția princeps a reducerii îmbolnăvirilor la populația infantilă.

P190. EVOLUTION OF TUBERCULOSIS INCIDENCE AT NATIONAL LEVEL IN CHILDREN IN THE LAST 10 YEARS

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As it is known, the incidence of tuberculosis has recorded after 1985 (55.8‰) progressive increases, reaching a level of 123.7‰ in Romania in 2000. The periodical prevalence of the persons with bacilli (the "offer of bacilli" in the field), increased from 71.8‰ in 1985 to 115.3‰ in 2000. As a result, the incidence of tuberculosis in the children in Romania also increased from 7.0‰ in 1985 to 42.7‰ in 2000. The incidence varies between 90-125‰ in 6 districts. The percentage of children (0-14 years) of the total new cases recorded in 2000 was 7.3%, close to the last one recorded 25 years ago (7.5% in 1975). The incidence by sexes of the tuberculosis in children (0-14 years) was 49.1‰ in boys and 33.6‰ in girls in 2000. By age groups, the highest risk of getting the disease can be found in the children of 0-4 years, the highest values being recorded among the boys of 0-4 years (44.8‰) and the girls of 10-14 years (41.2‰). Among the diseased children, 88.4% presented endothoracic sites (of which 8.2% were pleureses) and 11.6% presented extra-thoracic sites. The reduction of the source cases by chemotherapy and their becoming negative for a lasting time period is the princeps condition to reduce disease in the infant population.

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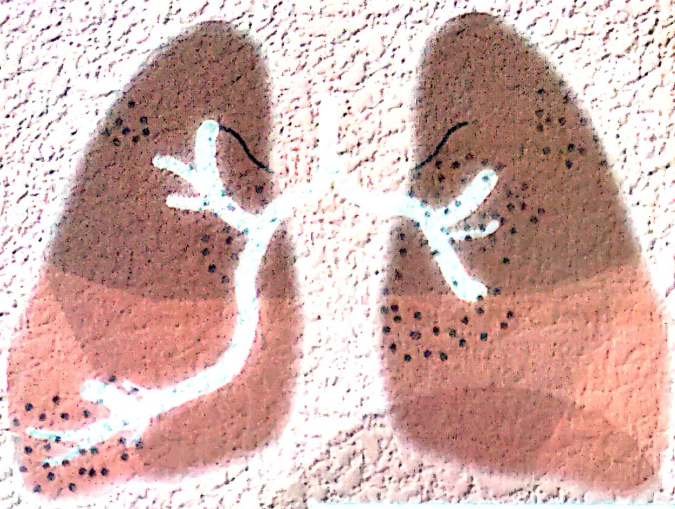

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P191. FORME GRAVE DE TUBERCULOZĂ LA COPIL – CAUZE ALE APARIȚIEI, MĂSURI DE PREVENIRE

Mariana Dobre, *Daniela Mihăilescu, Gh. Murgoci, Olga Anastasatu*
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Obiectiv - evidențierea cauzelor apariției formelor grave de tuberculoză la populația infantilă, precum și măsurile de prevenire în condițiile creșterii numărului și gravității acestora în ultimii ani. Material și metodă - s-au urmărit cazurile grave de tuberculoză internate în serviciul de pneumologie infantilă al Institului de Pneumologie „Marius Nasta" în perioada 2000/2001 - 35 cazuri, din care: 57% (20 cazuri) 0-2 ani, 17% (6 cazuri) 3-8 ani, 26% (9 cazuri) 9-15 ani. Rezultate - Formele de boală cel mai frecvent întâlnite au fost: meningoencefalita (40,8%), miliara (28,5%), bronhopneumonia (2,9%). De menționat asocierea miliară cu SIDA, întâlnită la 2,9% din cazuri. Mai mult de jumătate (57,2%) din pacienții cuprinși în lot nu au fost vaccinați. Jumătate din pacienți provin din focare de infecție. La internare mai mult de jumătate din pacienți au avut IDR pozitiv. Evoluția tuberculozei sub tratamentul bacilar în cazul formelor grave a fost spre deces (8,5% din cazuri) și vindecări cu sechele (11,4%). Concluzii - Necesitatea urmăririi vaccinării la naștere și recuperarea pacienților cu cicatrice vaccinală ineficientă (20%,7 cazuri). Necesitatea depistării precoce a surselor de infecție TBC și a efectuării eficiente a anchetei epidemiologice. Necesitatea diagnosticului precoce. Necesitatea testării periodice la PPD.

P191. MALIGN FORMS OF CHILD TUBERCULOSIS - CAUSES OF APPARITION, PREVENTION MEASURES

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Objective - identifying the causes of apparition of the malign forms of child tuberculosis, establishing the prevention measures taking into account the increasing of both malignity and number of cases during the last years. Material and methods - the study was made on the malign forms of child tuberculosis hospitalised in „Marius Nasta" Pneumology Institute, between year 2000 and year 2001: 35 cases, distributed as follows - 57% (20 cases) 0-2 years, 17% (6 cases) 3-8 years, 26% (9 cases) 9-15 years. Results - The most frequent forms of desease were: meningoencephalitis (40,8%), miliary (28,5%), bronchopneumonia (2,9%). Important notice: the association between miliary and AIDS in 2,9% of the cases. More than half of the studied pacients (57,2%) were not vaccinated. Half of the pacients came from high risk infection centres. When hospitalised, more than half of the pacients had positive IDR. In the case of malign forms and under bacilary treatment, tubercolosis evolved to death (8,5% of the cases) and sequelaed recovery (11,4% of the cases). Conclusions - Necessity of follow-up actions for the vaccination at birth and identification of the pacients for whom the vaccine proved inefficient (20%,7 of the cases). Necessity of early identification of TBC infection sources and efficient epidemiological survey. Need of early diagnosis. Need of periodical PPD testing.

P192. MORTALITATEA PRIN TUBERCULOZĂ ÎN ROMÂNIA ÎN ANUL 2000

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Material și metode: Pentru evaluarea mortalității prin tuberculoză în anul 2000 în România s-au utilizat datele centralizate de la Comisia Națională de Statistică iar calculul s-a făcut pe baza populației estimate la 1 iulie 2000.
Rezultate: Numărul de decese prin tuberculoză în anul 2000 a fost de 2130, respectiv 9,5‰. La femei, mortalitatea a fost de 3,1‰ (354 decese), variind între 0,3‰ (Covasna) și 8,5‰ (Dâmbovița). La bărbați mortalitatea a fost de 16,2‰ (1776 decese, reprezentând 83,4% din total), cu variații între 1,9‰ (Covasna) și 50,1‰ (Dâmbovița).
S-au înregistrat 2075 decese prin tuberculoză pulmonară (1207 cazuri confirmate bacteriologic și 868 neconfirmate) și 55 decese prin tuberculoză extrapulmonară. După județul în care s-a înregistrat decesul, mortalitatea a variat între 1,2‰ în Covasna și 29‰ în Dâmbovița. Diferențele între rata deceselor după județul de deces și mortalitatea în funcție de județul de domiciliu au fost relativ ample în unele județe, de exemplu în Dolj fiind de 16,6‰ versus 13,4‰.
După nivelul de instruire, 776 (35,4%) decese au fost la persoane cu pregătire elementară (4 clase), 592 (27,8%) cu studii gimnaziale, 153 (7,2%) cu studii liceale, 355 (17,7%) cu studii post-liceale și 20 (0,9%) cu studii superioare.
Concluzii: Deoarece variabilitatea mortalității în cadrul județelor este nejustificat de mare, fiabilitatea indicatorilor de mortalitate a tuberculozei în România trebuie ameliorată prin confruntarea fiecărui deces raportat cu Registrul Județean de Tuberculoză iar mortalitatea trebuie raportată la județul de domiciliu.

P192. TB MORTALITY IN ROMANIA IN 2000

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Methods: In order to compute the mortality in Romania, we used data available at the National Institute of

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Statistics and we reported these data to the estimated number of inhabitants at 1st of July, 2000.
Results: the 2130 TB deaths notified in Romania in 2000 represent a mortality rate of 9.5‰. In males, TB mortality was 16.2‰, (1776 cases representing 83.4% of all TB deaths) ranging between 1.9 and 50.1‰ by district, and 3.1‰ in female (354 cases) ranging between 0.3 and 8.5‰ by district. A number of 2075 deaths were registered in respiratory TB (1207 bacteriologically confirmed cases and 868 not confirmed) and 55 in extra-respiratory TB.
By district of death, mortality rate varied between 1.2‰ in Covasna and 29‰ in Dimbovita. There were differences between the mortality by district of death and mortality by district of residence, e.g. in Dolj the rates were16.6‰ versus 13.4‰.
63.2% cases were registered in persons with elementary, 24.9% with medium level and 0.9% with high educational level.
Conclusions: The significant differences in mortality within districts suggest that TB mortality should be calculated according to the district of residence and all deaths must be checked using matching with Districtual TB Register.

P193. INSUCCESE ALE CHIMIOTERAPIEI ANTITUBERCULOASE ÎN ACTIVITATEA DE RUTINĂ A DISPENSARELOR. DEFINIŢII CURENTE ŞI IMPLICAŢII ALE ACESTORA ÎN COMPARABILITATEA REZULTATELOR

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[2] Spitalul de Pneumoftiziologie Braşov

Pentru a verifica aplicabilitatea definiţiilor recente ale categoriilor de evaluare a rezultatelor chimioterapiei antituberculoase, au fost prelucrate date pentru cele 4349 cazuri de tuberculoză (3860 noi şi 489 readmişi) declarate între 01.01.1990 şi 31.12.2000 în teritoriul unui singur judeţ. Dintre acestea, au fost incluse în analiză 3964 cazuri de tuberculoză la adulţi (3479 noi şi 485 readmişi), la care s-au înregistrat 907 (9,9%) evoluţii nefavorabile. Dintre acestea 140 (15,4%) au fost decese, 392 (43,2%) au fost eşecuri şi 338 (37,3%) au fost abandonuri. În 37 de cazuri nu au existat suficiente informaţii pentru evaluare. Astfel, incidenţa globală de decese a fost de 3,5%, eşecuri 9,9% şi abandonuri 8,5%. Este prezentată distribuţia rezultatelor în funcţie de sex şi evaluare a tratamentului. Sunt comentate, de asemenea o serie de dificultăţi cum ar fi evaluarea cazurilor fără tratament, a celor cu mai puţin de 3 luni de tratament şi rămaşi pozitivi la examenul bacteriologic în momentul întreruperii tratamentului etc.

P193. FAILURES OF THE TB CHEMOTHERAPY IN ROUTINE ACTIVITY OF THE TB DISPENSARIES. CURRENT DEFINITIONS AND IMPLICATIONS FOR THE COMPARABILITY OF THE RESULTS

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In order to check the coverage of routine situations at the end of TB chemotherapy in each case of a patients cohort by novadays category definitions, all 4349 TB cases notified in a district area between 01/01/1990-31/12/2000 were considered. Out of these, were included all 4349 pulmonary TB cases in adults (3860 new and 489 relapses). Unfavorable results were registered in 907 (9.9%) cases, out of which 140 (15.4%) were deaths, 392 (43.2%) failures, 338 (37.3%) droped out treatment and for 37 cases there was no available information (unevaluable cases). So, global ratio of deaths was 3.5%, failures 9.9% and interrupted treatment 8.5%. Distribution of results by treatment history and sex are presented. Some difficulties to clasify cases are ilustrated and commented, such as cases with no treatment or treated less then 3 months and still positive when stopped the treatment, and s.o.

P194. ABCESE RECI PARAVERTEBRALE SECUNDARE SPONDILODISCITEI TUBERCULOASE ASOCIATĂ CU DETERMINARE PULMONARĂ INAPARENTĂ RADIOLOGIC ŞI CU ALTE STĂRI MORBIDE. PREZENTARE DE CAZ

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Se prezintă cazul unui bărbat de 25 ani, de rasă neagră, originar din Mauritania, student, fără antecedente patologice semnificative, nefumător internat pentru simptome ce datează de 6 luni: febră înaltă-subfebră, dureri lombare ameliorate de repaus, cu limitarea discretă a mişcărilor (active şi pasive) şi asociate cu tulburări de micţiune, dispnee de efort, tuse seacă. Investigaţii: 1) Radiografie toracopulmonară (RXT) - opacifierea sinusurilor costo-diafragmatice bilateral; 2) IDR la 2U PPD - negativ; 3) HIV negativ; 4) Funcţional respirator: sindrom restrictiv sever (cu reducerea V'mx cu 44,5%), diminuarea factorului de transfer gazos TLCO disproporţionat cu diminuarea volumului pulmonar; 5) Lavaj bronhoalveolar (LBA) - alveolită mixtă (limfocitoză 62%, neutrofile 20,3%, CD4/CD8 = 1,7, coloraţie Ziehl-Neelsen negativă, cultură pozitivă pentru Mycobacterium tuberculosis; 6) Hemoculturi: Pseudomonas stutzeri (timp de determinare 12,5 ore); 7) Tomodensitometrie (TDM): hepatosplenomegalie, spodilodiscită L3-L4 (corpi vertebrali cu multiple zone de osteoliză confluente, cu

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sechestre osoase, cu abcese paravertebrale mari bilateral (diametru de 6 cm) în mușchii psoași și șanțuri paravertebrale stângi, cu deplasarea rinichilor și hidronefroză secundară. În condițiile temporizării intervenției chirurgicale prin refuzul pacientului, s-a instituit tratament antituberculos, HRZS, cefalosporină conform ABG. Evoluție: apariția de semne neurologice de compresie medulară L2-L3 și de fistulă externă lombară inferioară stângă prin care se elimină sechestre osoase. Se practică drenajul abceselor, evacuarea sechestrelor, artrodeză cu grefă din creasta iliacă în șantul laterovertebral, corset lombosacrat și se asociază tuberculostatice.
Examenul anatomopatologic intraoperator: granuloame TBC, în periferie - prezența de lamele osoase cu absența osteocitelor. Particularitatea cazului: evoluția torpidă a tuberculozei osoase; localizare simultană activă pulmonară inaparentă radiologic (RXT și TDM fără rezoluție înaltă) confirmată bacteriologic prin culturi din LBA; etiologie posibil multifactorială Pseudomonas stutzeri și Mycobacterium tuberculosis.

P194. PARAVERTEBRAL COLD ABCESS FROM TUBERCULOSIS SPONDYLO-DISCITIS ASSOCIATED WITH PULMONARY DETERMINATIONS WITHOUT RADIOLOGICAL FINDINGS

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Introduction: osteoarticular tuberculosis (9% from extrapulmonary tuberculosis) it is more frequent at toracolombar column in forms of cold abcess and spondylodiscitis. They are frequently associated with active pulmonary disorders. We have a subject, male, 25 years old, without semnificative history, non-smoker, who has had since 6 months: fever, lombar pain, dispneea, non-productive cough.
Investigations: 1) Chest X-ray- bilateral costo-phrenic sinuses opacities, without pulmonary lesions; 2) Intradermoreaction to 2 U PPD: negative; 3) HIV negative; 4) Functional respiratory tests: severe restrictive syndrom, TLCO decreased disproportioned regarding pulmonary volumes; 5) Bronchoalveolar lavage- mixt alveolitis (CD4/CD8 = 1,7), lymphocitosis, BK in microscopy-negative, BK culture: positive; 6) Haemoculture: Pseudomonas stutzeri 7) Computed tomograf: haepato-splenomegaly, spondylodiscitis L2-L3-L4, (vertebrae with osteolisis and sequestrum), bilateral important paravertebral abcess accompanied by moving down of the left kidney with secundary hydronephrosis. Treatment: until surgical treatment, patient has given antituberculos medication. Surgical treatment consisted of: abcess drainage, sequestrum cleaning, arthrodesis with iliac graft lumbosacrat imobilisation. Specificity of the case: simultan location of tuberculosis- pulmonary (although radiologic inapparent) and osseos in spite of an eary and corect treatment, it has caused a severe evolution.

P195. LAVAJUL BRONHIOLO-ALVEOLAR (LBA) ÎN TUBERCULOZA MILIARĂ

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Obiectivul acestui studiu retrospectiv a fost să evidențieze importanța diagnostică a LBA în tuberculoza miliară. Lotul de studiu a cuprins 16 pacienți HIV-negativi cărora li s-a efectuat bronhoscopie urmată de LBA în perioada 1998-2001: 15 dintre ei au prezentat imagistică sugestivă de tuberculoză miliară și unul a avut imagine toracică normală. Leziuni de diseminare hematogenă au fost evidențiate și în alte organe: pleurezii -3 (18.75%), meningite - 2 (12.5%), spondilodiscită lombară - 1 (6.25%), mielită - 1 (6.25%), leziuni cutanate - 1 (6.25%), hepatite - 2 (12.5%), TBC ganglionară - 1 (6.25%). S-au făcut determinări bacteriologice pentru M. tuberculosis (frotiu Ziehl-Neelsen, culturi pe Löwenstein și prin metoda MB/BacT) din spută, LBA, lichid pleural, lichid cefalo-rahidian (LCR). Toți bolnavii au prezentat o alveolită limfocitară. Examenul microscopic și cultură pentru M. tuberculosis au fost pozitive din spută la 37.5% și respectiv 50% din bolnavi. Din LBA la 66% și respectiv 88.8%, din lichidul pleural la 0% și respectiv la 66.6%, și din LCR la 50% și respectiv 100%. Granulomul cazeos specific a fost evidențiat la biopsia unui ganglion limfatic și intraoperator din leziunile vertebrale în câte un caz. În concluzie, metoda LBA, urmată de cultură pe MB/BacT reprezintă o metodă mai rapidă și cu sensibilitate crescută în diagnosticul tuberculozei miliare, chiar și pentru bolnavii cu imagistică normală.

P195. THE BRONCHOALVEOLAR LAVAGE (BAL) IN MILIARY TUBERCULOSIS

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The aim of this retrospective study was to show the place and the importance of the BAL for the diagnosis of miliary tuberculosis. During 1998-2001 we performed BAL in 16 patients with miliary tuberculosis HIV negatives, one of them had normal chest X-ray and pulmonary TC scan and 15 of them had images highly suggestive for miliary tuberculosis. 11 patients presented also extrapulmonary tuberculosis: pleural effusion – 3 (18.75%), meningitis – 2 (12.5%), lumbar spondylitis-1 (6.25%), myelitis-1 (6.25%), skin abnormalities-1 (6.25%), hepatities-2 (12.5%), lymphadenitis-1 (6.25%). All these patients had lymphocytic alveolitis. Sputum, plural fluid, cerebrospinal fluid, bronchoalveolar lavage fluid and biopsy were studied for acid-fast bacilli detection by Ziehl-Neelsen smear and mycobacterial cultures using Löwenstein-

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Jensen medium and MB/BacT method. Ziehl-Neelsen smear and mycobacterial cultures were positive in sputum in 37.5% and respective in 50% of patients, in BAL fluid in 66% and respective 88.8%, in pleural fluid in 0% and respective in 66.6% and in cerebrospinal fluid in 50% and respective 100%. Caseating granuloma was present in biopsy of the lymph node and vertebral lesions in 2 cases. Conclusions: the BAL and mycobacterial cultures using MB/BacT method is faster and more sensitive for the diagnosis of miliary tuberculosis even in patient with normal chest X-ray and CT scan.

P196. PLEUREZIA TBC – BOALĂ A ADULTULUI TÂNĂR?

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Pentru a evidenția caracteristicile clinice ale pleureziei tuberculoase (TBC) la adultul tânăr și vârstnic am analizat 94 de bolnavi (70 bărbați și 24 femei) HIV negativi, internați în serviciul nostru între ian. 2000-nov.2001. Au fost 54 de bolnavi (57.5%) sub 40 ani (17 - 40 ani, media 25.5) și 40 (42.5%) peste 40 de ani (41-78 ani, media 58.5). Etiologia tuberculoasă a fost confirmată la 24.7% dintre bolnavi prin culturi de M.tuberculosis din lichidul pleural pe MB/Bact. Dintre bolnavii cu tuberculoză pulmonară și pleurală concomitentă, (33/94 bolnavi), 23.4% au fost pozitivi la examenul direct al sputei pentru BAAR. Tabloul clasic de pleurezie TBC cu sindrom de impregnare bacilară, durere, tuse seacă, s-a înregistrat mai ales la tineri, 72%. La 60% dintre vârstnici tusea productivă și scăderea ponderală marcată au fost predominante. Au provenit dintr-un focar TBC 14/54 bolnavi tineri. La vârstnici, pleurezia a fost frecvent asociată cu TBC pulmonară secundară (23/40), 7 dintre aceștia având TBC pulmonară reactivată. Din cei 40 de bolnavi de peste 40 de ani, 17 au avut pleurezie TBC izolată, iar 8 au fost imunodeprimați (diabet zaharat - 3 cazuri, schizofrenie – 2 cazuri, poliartrită reumatoidă cortico-dependentă, leucemie limfatică cronică și neoplasm laringian operat – câte 1 caz).
În concluzie, la tineri se menține aspectul de pleurezie clasică, izolată, ca unică formă de manifestare TBC. La vârstnici, pleurezia TBC însoțește frecvent tuberculoza pulmonară secundară sau, când este izolată, poate apare la cei imunodeprimați.

P196. TUBERCULOUS PLEURISY IN ADULTS

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In order to outline the clinical characteristics of the tuberculous (TB) pleurisy in young adults and elderly we have analysed a total of 94 patients (70 men and 24 women), HIV negative, admitted in our service between jan. 2000-nov. 2001. There were 54 young adult patients (17-40 years, median age 25.5), and 40 elderly patients (41-87 years, median age 58.5). The tuberculous etiology was confirmed by colorimetric culture system (MB/BacT) from pleural fluid in 24.7% of cases. 8 patients (23.4%) with concomitent pulmonary and pleural TB, had positive sputum smear. The classic aspect of tuberculous pleurisy with characteristic systemic features, thoracic pain and nonproductive cough was more frequent in younger patients, 72%. In the elderly, productive cough and an important weight loss predominated in 60% of cases. 14 young patients (26%) had close TB contacts (generally household). 23 elderly patients (57.5%) associate dpulmonary TB, and out of the 17 cases with isolated pleural TB, 8 had imunosuppressing conditions: 3 diabetes mellitus, 2 schizophrenia and rheumatoid arthritis, chronic lymphatic leucemia and laryngeal neoplastic disease each one case. 7 cases (17.5%) had before pulmonary TB. Finally, young adults were more likely to have the classic form of tuberculous pleuritis, as single tuberculosis manifestation. In the older age group, TB pleurisy accompanies frequently pulmonary reactivation TB, or, when it is isolated, it can appear in imunosuppressed patients.

P197. MENINGITA TUBERCULOASĂ ȘI TUBERCULOZA PULMONARĂ LA ADULȚI

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Lucrarea își propune să analizeze preponderența și implicațiile asocierii unor diverse forme radio-clinice de tuberculoză pulmonară la bolnavii diagnosticați cu meningită tuberculoasă pe o perioadă de 5 ani (1996-2001). Din totalul de 73 de bolnavi diagnosticați cu meningită, 45 (61.6%) – dintre care 32 de bărbați și 13 femei, cu vârste cuprinse între 19-76 de ani prezentau și tuberculoză pulmonară. Etiologia bacilară a meningitei a fost confirmată prin culturi din lichidul cefalorahidian în 55.5% din cazuri. Formele grave de tuberculoză (bronhopneumonia și miliara tuberculoasă, formele cavitare) au avut o frecvență de 66.5%. În câte 2 cazuri meningita s-a asociat cu adenopatie și respectiv pleurezie tuberculoasă. Pentru 48.9% dintre bolnavi, meningita s-a depistat concomitent cu tuberculoza pulmonară, ceilalți fiind deja în evidență (9 reactivări, 9 cazuri cronice, 4 abandonuri și un eșec terapeutic) în momentul diagnosticării meningitei. Supraviețuirea bolnavilor a fost de 89.9%. Cinci bolnavi cu dublă localizare a tuberculozei au prezentat complicații neurologice (11.1%). În

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concluzie, meningita tuberculoasă a adultului poate să apară la orice vârstă, este mai frecventă la bărbaţi, însoţeşte atât tuberculoza primară, cât şi pe cea secundară în orice moment evolutiv al acesteia, şi semnează evoluţia şi prognosticul bolnavilor.

P197. TUBERCULOUS MENINGITIS AND PULMONARY TUBERCULOSIS IN ADULTS

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The aim of this study was to analyse the prevalence and the consequences of several varied radio-clinical forms of pulmonary tuberculosis found on patients with tuberculous meningitis, a group followed over a five year period (1996-2001). From a total of 73 patients diagnosed with meningitis, 45 (61.6%) – consisting of 32 men and 13 women, with ages ranging between 19 an 76 years, presented also pulmonary tuberculosis. The bacilar etiology of the meningytis has been confirmed by cerebrospinal liquid cultures in 55.5% of cases. Extensive tuberculosis (bronchopneumonia, cavitary and miliary tuberculosis) were recorded in 65.5% of cases. In 2 cases meningitis was associated with pleurisy and in the other 2 with hilar lymph node enlargement. For 48.9% of patients, the meningitis was simultaneously discovered with the pulmonary tuberculosis, the rest of patients having already been known with the pulmonary form (9 reactivation, 9 chronic cases, 4 therapeutical abandonment, a therapeutical failure). The overall survival was 89.9%. Five patients (11.1%) with both TB determinations had neurological complications. In conclusion, we consider that the TB meningitis in adults may occur at any age, is more frequent in men, may accompany both the primary and the secondary form of TB at any of their evolutive moment and is the determinant factor of the evolution and prognosis of these patients.

P198. TUBERCULOZA CU LOCALIZĂRI MULTIPLE – CONSIDERAŢII ASUPRA A 44 DE CAZURI

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S-au evaluat retrospectiv 44 de cazuri prezentând tuberculoză (TB) cu multiple localizări de organ, internaţi în perioada 1996-2001. Din pacienţii studiaţi 50% au fost de sex masculin, 56,8% din mediu rural, 27,3% proveneau din focar; vârsta medie: 37,5 ani. Dintre afecţiunile asociate notăm: tabagismul (31,8%), alcoolismul (27,3%), neoplazia (4,5%), infecţia HIV (2,3%), ciroza hepatică (2,3%), rezecţia gastrică (2,3%), insuficienţa renală cronică (2,3%). 81,8% dintre pacienţi au prezentat leziuni pulmonare (31,8% de tip miliar şi 50% de tip infiltrativ-nodular), celelalte localizări concomitente ale TB fiind: osteo-articulară (29,5%), ganglionară (27,3%), peritoneală (22,7%), pleurală (22,7%), laringeană (15,9%), meningeană (13,6%), amigdaliană (9,1%), pericardică (6,8%), cutanată (6,8%), urinară (6,8%), genitală (4,5%), ileocecală (2,3%), hepatică (2,3%), oculară (2,3%). 72,3% din cazuri au avut TB localizată în 2 organe, 20,4% în 3 organe, 4,4% în 4 organe şi 2,3% în 6 organe. Diagnosticul a fost confirmat bacteriologic la 70,4% din pacienţi şi histopatologic la 29,5%. Nu s-a semnalat prezenţa chimiorezistenţei la drogurile majore. Tratamentul tuberculostatic a durat minim 6 luni, având rezultate favorabile în 86,3% din cazuri (2 decese, 1 abandon, 3 pacienţi încă în tratament).

P198. MULTIPLE ORGAN INVOLVEMENT TUBERCULOSIS – EVALUATION OF 44 CASES

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The authors studied a group of 44 patients suffering of disseminated tuberculosis (TB) and hospitalized between 1996-2001. 50% of them were males, 56,8% from the rural, 27,3% TB contacts; mean age: 37,5 ans. The most frequent associated diseases were: smoking (31,8%), alcoholism (27,3%), neoplasia (4,5%), HIV infection (2,3%), cirrhosis(2,3%), gastrectomy (2,3%), chronic renal failure (2,3%). 81,8% had pulmonary TB (31,8% miliary lesion, 50% pulmonary infiltrates); the extrapulmonary sites were: osteo-articular (29,5%), ganglionic (27,3%), peritoneal (22,7%), pleural (22,7%), laryngeal (15,9%), meningeal (13,6%), amygdalian (9,1%), pericardial (6,8%), cutaneous (6,8%), urinary (6,8%), genital (4,5%), ileocecal (2,3%), hepatic (2,3%), ocular (2,3%). 72,3% of cases had 2 TB sites, 20,4% 3 TB sites, 4,4% - 4 TB sites, 2,3% 6 TB sites. 70,45% of cases were bacteriological confirmed and 29,55% were histologicaly confirmed. None of them presented drug-resistance The TB chemotherapy for minimum 6 month was favorable for 86,35% of patients (2 patients deceased, one abandoned treatment and 3 patients are still in treatment).

P199. ADENOPATIE AXILARĂ BILATERALĂ TBC. PREZENTARE DE CAZ

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Localizarea axilară ganglionară TBC este rară şi este rezultatul unei infecţii cu o poartă de intrare neobişnuită sau a unei diseminări limfohematogene. Originea acesteia

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poate rămâne obscură, cu omiterea TBC ca agent etiologic.
Prezentăm un caz de TBC ganglionară axilară bilaterală asociată cu TBC osoasă (tibie) la un pacient imunocompetent. În ultimii doi ani înaintea internării pacientul a fost supus la două intervenţii succesive pe cord deschis (protezare de valvă aortică şi mitrală); bolnavul a prezentat pericardită adezivă şi o minimă colecţie pleurală stg., incomplet resorbită sub antibiotice nespecifice. Diagnosticul histologic al adenopatiei axilare şi examenul bacteriologic din puroi a fost pozitiv pentru *Mycobacterium tuberculosis*.
În acest caz originea diseminării bacteriene ar fi putut fi granuloame active din pericard şi/sau ganglionii limfatici mediastinali.

P199. BILATERAL AXILLARY TUBERCULOUS ADENOPATHY, CASE REPORT

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The axillar localization of TBC adenopathy is rare and is the result of an infection with unusual entrance or lymphohematogen widespread. The origin of the bacterial widespread is often unknown because TBC is omitted as etiologic agent.
This is the presentation of a case – tuberculosis of the lymph nodes with axillar localisation, associated with tibial bone TBC in an immunocompetent pacient. In the last two years this pacient was twice submitted to surgical interventions (valvular substitution of aortic and mitral valves); he presented an adhesive pericarditis and minimal pleural left collection, not completely cured with nonspecific antibiotherapy.
The histological diagnosis was TBC of axillary bilateral lymph nodes, the bacteriological examination of pus from biopsy was positive for *Mycobacterium tuberculosis*. In this case the origin of the bacterial widespread could be the active granulomas from pericardium or/and the mediastinal lymph nodes.

P200. PARTICULARITĂŢI ALE TBC PULMONARE LA VÂRSTNICII DIN TERITORIUL CABINETULUI DE PNEUMOLOGIE SIBIU

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Studiul analizează un lot de 95 bolnavi cu TBC pulmonară în vârstă de peste 60 ani (v. medie = 66.53 ani cu limite 60-84 ani) luaţi în evidenţă în perioada 01.01.1991 – 31.12.2000. Din cei 95 pacienţi, 66 (69.47%) au fost bărbaţi şi 29 (30.53%) femei, iar ca status marital doar 68 (71.57%) mai aveau un partener de viaţă. Cazurile noi au reprezentat 89.47%, iar recidivele 10.53%. Debutul clinic a fost insidios în 81% din cazuri, acut în 16% şi asimptomatici în 2% din cazuri. Anatomo-radiologic: forme cavitare = 61%, forme miliare (inclusiv granulii ftiziogene) = 14%, forme infiltrative = 25% din cazuri. Confirmarea bacteriologică = 98%, din care 64% pozitivi M şi C, iar 34% pozitivi numai C.
Chimiorezistenţa germenilor (pe 92 ABG) a fost prezentă la 17% din pacienţi. 52 pacienţi (55%) aveau afecţiuni morbide asociate.

P200. PULMONARY TB FEATURES AT THE AGED PATIENTS FROM AREA OF PNEUMOLOGY DISPENSARY OF SIBIU

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The paper analyses 95 TB patients aged over 60 years old (mean age = 66.53 years old, limits = 60-48 years old) registered between 01.01.1991-31.12.2000. Aut of 95 patients 66 (69.47%) were male and 29 (30.53%) female; as regard the marital status only 68(71.57%) had their companion alive. New cases represented 89.47% and relapses 10.53%. The onset was insidious in 81% of patients, acut in 16% and asymptomatic in 2%. X-ray types: cavitary 61%, miliary (including phthiziogenic granulias) = 14%, and diffuse infiltrates = 25%. Bactereologic confirmation = 98%; 64% were positive smear and culture and 34% only positive culture. Drug resistence was found in 17% of patients. 52 patients (55%) had associated diseases. Drugs tolerability (standard regimen) was good in 80% and bad in 20% of patients. The outcome under treatment was: good in 69 (76.63%) cases, failure in 9 (9.47%) cases; 15 patients (15.79%) died by TB cause or associated diseases and 2 patients (2.11%) were lost. In the aged people TB has frequently an insidious onset delaying the diagnosis, a high frequency of severe cases (cavitary and miliary types) and the associated diseases lead to a bad drugs tolerability and moreover this worsen the prognosis by themselves.

P201. MENINGOENCEFALITA TUBERCULOASĂ – CAUZĂ DE DECES

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Obiectiv: Analiza elementelor socio-epidemiologice şi clinico-biologice care ar fi putut agrava evoluţia meningoencefalitei bacilare la copil.

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Metode: Studiul retrospectiv al cazurilor de meningoencefalită tuberculoasă internate în Clinica II Boli Infecţioase a Spitalului Clinic IV „V. Babeş"arată că la un număr de 25 copii spitalizaţi între 1996 şi 2001 s-au înregistrat 5 decese.
Rezultate: Copiii decedaţi prin meningoencefalită tuberculoasă au provenit din familii cu nivel social precar, 3 din mediu rural şi 2 din mediu urban, 4 dintre ei recunoscând contact TBC în familie. Vârsta decedaţilor a fost cuprinsă între 5 luni şi 14 ani.
Doar un caz a fost fără localizare pulmonară a tuberculozei. Durata debutului a variat între 5 zile şi 3 săptămâni, iar durata spitalizării a fost de 8-18 zile. Modificările biologice au arătat sindrom inflamator bine exprimat, modificări ale LCR sugestive pentru infecţia bacilară, examenul bacterioscopic direct al LCR a fost pozitiv doar într-un caz, diagnosticul fiind stabilit prin pozitivarea tardivă a culturilor LCR.
Concluzii: Creşterea morbidităţii prin TBC este însoţită de o creştere a numărului de localizări nervoase ale acestor infecţii.
Meningoencefalita bacilară este o infecţie severă, cu evoluţie spre deces în 20% din cazuri sau care poate prezenta complicaţii severe cu risc de sechelaritate neuropsihică.

P201. TUBERCULOUS MENINGOENCEPHALITIS AS CAUSE OF DEATH

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Objectives: To analyse the socio-epidemiologic and clinical-biologic elements that could affect the evolution of childhood tuberculous meningoencephalitis.
Methods: A retrospective study of the tuberculous meningoencephalitis admitted in our clinic shows that out of 25 hospitalise children between 1996 and 2000 there were 5 patients who died.
Results: The deceased children came from families with low social level, 3 of them had rural origin, 2 had urban origin, 4 of them admitting close family contact with tuberculosis. The age was between 5 months and 14 years. Only one case did not have pulmonary tuberculosis. The debut varied from 5 days to 3 weeks and the hospitalisation period was 8-18 days. Biological findings showed a marked inflammatory syndrome, the spinal fluid characteristics were suggestive for bacillary infection, the acid fast stain was positive only in one case, the diagnostic being established by late positiveness of spinal fluid cultures.
Conclusions: The increase of tuberculous morbidity is associated with an increase of nervous determination of these infections. Tuberculous meningoencephalitis is a severe infection with fatal evolution in 20% of cases and frequent severe complications with risk of neuropsychic sequelae.

P202. STUDIU PRIVIND VALOAREA DIAGNOSTICĂ A TESTULUI IMUNOCROMATOGRAFIC BIO-RAPID ÎN DIAGNOSTICUL TUBERCULOZEI PULMONARE

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Studiu prospectiv pentru stabilirea sensibilităţii şi specificităţii unui test imunocromatografic biorapid pentru diagnosticul tuberculozei active. Au fost luaţi în studiu 40 de bolnavi în 2 loturi: lotul 1, cuprinzând 20 de bolnavi cu tuberculoză pulmonară activă, confirmaţi bacteriologic şi lotul 2, cuprinzând 17 bolnavi internaţi în spital pentru alte boli pulmonare decât tuberculoză. Trei bolnavi din lotul 2 au fost excluşi ulterior din studiu (cultura pozitivă pentru Mycobacterium tuberculosis la 2 luni).
S-a utilizat un test biorapid imunocromatografic care foloseşte o combinaţie de imunoglobuline antiumane impregnate cu aur coloidal şi proteine înalt purificate de BCG pentru detectarea specifică a anticorpilor anti-mycobacterieni, comparativ cu un test de aglutinare pe lamă care foloseşte anticorpi fluorescenţi. Rezultate: Studiul demonstrează că testul imunocromatografic biorapid are o sensibilitate joasă (8 bolnavi din lotul 1 cu rezultat cert pozitiv = 40%), la fel ca şi cel de aglutinare pe lamă care foloseşte anticorpi fluorescenţi (5 rezultate din lotul 1 cert pozitive = 25%). Specificitatea ambelor teste este satisfăcătoare: 94,1% (16 bolnavi din lotul 2 cu rezultat cert negativ) pentru testul imunocromatografic biorapid şi 76,4% (13 rezultate cert negative în lotul 2) pentru testul de aglutinare pe lamă cu anticorpi fluorescenţi. Serodiagnosticul ca metodă de screening în tuberculoză este o metodă controversată. Testul biorapid folosit nu asigură o certitudine absolută privind diagnosticul tuberculozei pulmonare, totuşi poate fi folosit în diagnosticul de activitate a leziunilor tuberculoase la pacienţii cu baciloscopie negativă.

P202. STUDY OF THE DIAGNOSTIC VALUE OF A BIO-RAPID IMMUNE-CHROMATOGRAPHIC TEST IN LUNG TB

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The aim of this prospective study was to assess the sensibility and specificity of a bio-rapid immune-chromatographic test for the diagnosis of active lung TB. We studied 40 patients divided in 2 groups: 1 - 20 patients with active, bacteriological confirmed lung TB, 2-17 patients admitted for nonTB respiratory diseases. Three patients from second group were excluded due to positive culture for M. tuberculosis after 2 months. The bio-rapid immune-chromatographic test uses a combination of anti-human immune globulines binded to colloidal gold and highly purified BCG proteins for determining the anti-

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mycobacterian antibodies in serum. We compared this with an agglutination test with fluorescent antibodies. Results: the study demonstrates that the bio-rapid test has a low sensibility (8 patients in group 1 certain positives - 40%), as well as the fluorescence test (5 certain positives in group 1 - 25%). Both tests have satisfactory specificity: 94.1% for the bio-rapid test (16 patients in group 2 certain negatives) and 76.4% for the fluorescence test (13 patients in group 2 certain negatives). Serologic diagnosis in TB as screening is controversial. The bio-rapid test doesn't provide an absolute certainty for TB diagnosis, nevertheless it is useful for the diagnosis of active disease in patients with pulmonary lesions and negative smear.

P203. APRECIERI ASUSPRA FORMELOR GRAVE DE TUBERCULOZĂ LA COPIL

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Studiul a fost făcut pe un lot de 1.034 copii cu tuberculoză manifestă în perioada 1996-2001. Dintre aceştia 139 (13,4%) au forme grave de tuberculoză. La grupa de vârstă 0-4 ani (48,8%); 5-9 ani (24,8%); la 10-14 ani (26,4). 57,5% fete şi 42.6% băieţi. 68.2% din rural şi 31.8% urban. Depistarea tuberculozei s-a făcut prin simptome la 92.2% din cazuri şi depistarea activă 7.8%. Timpul scurs de la debutul bolii la depistare şi tratament a fost de 10 zile la 36.4%, 11-30 zile la 55.2% şi peste 31 zile la 8.4%. Dimensiunile cicatricei vaccinale BCG la formele grave a fost sub 3 mm la 79.1% şi peste 3 mm la 20.9%. IDR la 2 u PPD în formele benigne necomplicate pozitivă la 97.7%, formele benigne complicate 85.6% şi la formele grave 47.5%. Examenul microscopic pentru bK a fost pozitiv la 6.9% în formele benigne necomplicate, 30% la formele complicate şi 68.3% la formele grave. La formele grave au decedat 21 de copii cu meningită, tuberculoză miliară şi forme cazeoase. Cele mai multe decese au survenit la 0-4 ani. Cazurile grave cu tuberculoză la copii furnizează informaţii privind gradul actual de gravitate al endemiei tuberculoase.

P203. APPRECIATIONS ON THE SEVERE FORMS OF TUBERCULOSIS IN CHILDREN

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The study comprised a sample of 1034 children with active tuberculosis in 1996-2001. Out of them, 13.4% had severe forms of tuberculosis. There were 57.4% girls and 26.4% boys. By age groups, 48.8% were children of 0-4 years, 24.8% of 5-9 years, and 26.4% of 10-14 years. 31.8% were in the urban area and 68.2% in the rural area. 92.2% of the cases presented for symptoms and 7.8% results from active detection. The time interval from the appearance of the disease at detection and treatment was 10 days in 36.4% of the patients and for 63.6% of them was 11-30 days. The BCG vaccine scar was under 3 mm in 79.1% of the severe forms and over 3 mm in 20.9% (all the children with severe forms were vaccinated). The tuberculin skin test (2 U PPD) was positive in 97.7% of the severe non-complicated forms, 85.6% of benign complicated forms and 47.5% of severe forms. There occurred 21 deaths in the children with severe forms (15% fatality). The severe cases of tuberculosis in children provide information on the seriousness degree of the actual tuberculous disease.

P204. TUBERCULOZA DISEMINATĂ CU LOCALIZĂRI MULTIPLE LA UN PACIENT IMUNOCOMPETENT – PULMONARĂ, GANGLIONARĂ, CEREBRALĂ – CAZ CLINIC

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Tuberculoza ramâne predominant o boala a categoriilor defavorizate şi sărace. Prezentăm cazul unui bărbat tânăr internat în stare generală gravă, cu suspiciunea unei tuberculoze pulmonare miliare acute. Pe parcursul internării apar adenopatie laterocervicală dreaptă (histopatologic granulom necazeificat), colecţie pleurală dreaptă şi simptomatologia clinică sugestivă pentru o afectare cerebrală confirmată prin examen CT şi RMN (patru formaţiuni localizate fronto-temporo-parietal stâng, posibile tuberculoame). Diagnosticul de tuberculoză este stabilit iniţial pe baza criteriilor epidemiologice, clinice, biologice, radiologice, ulterior fiind confirmat prin metode imunologice (depistarea prin metoda ELISA a anticorpilor antimicobacterium) şi mai ales prin răspunsul bun la terapia antituberculoasă. Sunt luate în discuţie dificultăţile diagnostice şi particularităţile terapeutice ale tuberculozei cu multiple localizări.

P204. MULTIFOCAL TUBERCULOSIS – PULMONARY, LYMPH NODES, CEREBRAL – A CASE REPORT

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Background: Tuberculosis remains predominantly a disease of the marginalized and poor people as our patient. Case report - the present work presents a case of young male admitted to the hospital because of deteriorated clinical general status with the suspicion of an acute miliary pulmonary tuberculosis. During the

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hospitalization occurs right latero-cervical lymphadenopathy (histological examintion noncaseos granuloma), right pleural effusion, and clinical symptoms which suggest a cerebral damage confirmed by CT scan and RMN (four fronto-temporo-parietal masses most probably cerebral tuberculomas). The diagnosis of tuberculosis was established initially on epidemiological, clinical, biological, radiological aspects subsequent confirmed by immunological methods (an ELISA test for antimycobacterium antibodies was positive) and a good response to antituberculosis treatment.
Conclusions: the authors present the difficulties of the diagnosis and therapy in multifocal tuberculosis.

P205. PROFILUL CLINICO-RADIOLOGIC AL CAZURILOR CU SINTROPIE TUBERCULOZĂ-DIABET ZAHARAT INTERNATE ÎN SPITALUL DE PNEUMOLOGIE CONSTANŢA (1997-2001), ROMÂNIA

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Scopul lucrării: evidenţierea profilului clinico-radiologic şi terapeutic al bolnavilor cu sintropie TB primo-depistată - DZ.
Material şi metodă: studiu epidemiologic retrospectiv de tip caz-control într-un interval de 5 ani (1997-2001), efectuat prin analiza foilor de observaţie şi a fişelor de chimioterapie conţinând monitorizarea evoluţiei sub tratament în ambele faze ale acestuia. Lotul test a fost constituit din 73 de bolnavi cu TB primo-depistată (prin metoda perechilor).
Rezultate: au fost studiaţi 146 de bolnavi cu vârste cuprinse între 18-76 ani, structura pe sexe a bolnavilor fiind similară. Din punct de vedere al antecedentelor diabetice, 48 cazuri (66%) erau cunoscute cu DZ, restul fiind diagnosticate concomitent cu TB, iar la 8 cazuri debutul a fost prin comă hiperglicemică inaugurală. Atât în cazul lotului martor, cât şi în lotul de studiat, baciloscopia pozitivă a depăşit 80% din cazuri, denotând elementul de gravitate epidemiologică al formelor anatomo-radiologice în care tipul cazeos-cavitar a fost cel predominant. Monitorizarea evoluţiei sub tratament a evidenţiat un indice de bactericidie (T2-T3) mai redus în cazul asocierii TB-DZ, decât în lotul martor.
Concluzii: controlul radiologic pulmonar în cazul bolnavilor diabetici (grupă cu risc crescut) a evidenţiat leziuni într-o fază avansată (58 din 73 forme cazeos-cavitare au avut baciloscopia pozitivă). Monitorizarea evoluţiei sub tratament trebuie să fie efectuată cu maximă exigenţă, fiind cunoscută evoluţia capricioasă a leziunilor tuberculoase în condiţiile dificultăţilor de echilibrare a diabetului zaharat.

P205. THE CLINICAL AND RADIOLOGICAL PROFILE OF TUBERCULOSIS AND DIABETES MELLITUS SYNTROPY IN HOSPITAL OF PNEUMOLOGY CONSTANŢA, ROMANIA (1997-2001)

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Objective: to emphasize the clinical, radiological and therapeutic profile of the patients with the syntropy (first diagnosed) TB new cases-diabetes mellitus.
Material and method: a retrospective, case-control study on a five years period (1997-2001), performed by analyzing the patients medical record containing the course under treatment, in both of its phases. The study group had 73 patients with first-diagnosed TB and diabetes mellitus. The control group also had 73 patients with new TB cases (pairs test).
Results: 146 patients (both males and females in a fairly proportion) with ages between 18 and 76 years were taken in study. Regarding the diabetes history 48 cases (66%) were known with diabetes, the rest being disclosed at the same time with TB and in 8 subjects the onset was with hyperglycemic inaugural coma. Both in control and study group, the positive in smear and culture over passed 80%, revealing the gravity of epidemiological issue of the caseous-cavitary forms. The patients with TB-DZ syntropy showed a lower bactericidal index (T2-T3) than the patients from the control group.
Conclusions: for the diabetic patients (the high risk group), the radiological pulmonary exams revealed TB lesions in an advanced phase (58 from 73 caseous-cavitary forms had positive smear). The under treatment evolution must be very carefully performed because of the capricious outcome of the TB lesions, according with the difficulties of balancing the diabetes.

P206. PARTICULARITĂŢILE EVOLUŢIEI FORMELOR GRAVE DE TUBERCULOZĂ LA COPIII INTERNAŢI ÎN INSTITULUL DE PNEUMOLOGIE „M. NASTA" ÎN PERIOADA 1990-2001

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Obiectiv – analiza particularităţilor de evoluţie a formelor grave de tuberculoză la copil în perioada studiată prin prisma dinamicii incidenţei, a procentelor de confirmare bacteriologică şi a răspunsului la tratament. Material şi metodă – studiu epidemiologic retrospectiv cu caracter descriptiv pe baza a 243 de foi de observaţie (totalul formelor grave de tuberculoză la copil, internate în Institutul "M. Nasta" în perioada 01.01.1990–31.12.2001).

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Rezultate – formele grave frecvent întâlnite au fost: meningoencefalită (55,1%), miliară (33,3%), peritonita (8,6%), pneumonia cazeoasă (7,4%) şi bronhopneumonia (6,6%), cu cea mai frecventă asociere: meningoencefalită + miliară – 13,6%. Incidenţa a scăzut din 1990 (38 cazuri) până în 1996 (11 cazuri), cu tendinţă ulterioară la creştere, în special la cazurile de meningoencefalită - în anul 2000, s-a înregistrat cel mai mare număr de cazuri grave de tuberculoză (25 cazuri) şi de meningoencefalită TBC (16 cazuri) din ultimii 10 ani. Procentul maxim de confirmări bacteriologice a fost la cazurile de bronhopneumonie (68%), urmat de pneumonia cazeoasă (61%) şi miliară (49%), meningoencefalita TBC înregistrând doar 19,4%. Evoluţia sub tratament a fost favorabilă (71% vindecări), cu 12,6% sechele (cel mai frecvent post-meningo-encefalită) şi 16% decese. Concluzii: recrudescenţa cazurilor de meningoencefalită TBC după 1996, preponderent la grupa de vârstă 1-3 ani, cu prognostic sever.

P206. PARTICULARITIES OF THE MALIGN FORMS OF TUBERCULOSYIS IN CHILDREN HOSPITALIZED IN „M. NASTA" INSTITUTE, DURING 1990 – 2001 PERIOD

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Aim – Analysis of the evolution of particularities in malign forms of child tuberculosis, during the study period, regarding the dynamics of the incidence, bacteriological confirmation and answer to treatment. Material and methods – Retrospective epidemiological study, based on 243 observation sheets (the total of the malign forms of child tuberculosis, hospitalized in „M. Nasta" Institut during 01.01.1990 – 31.12.2001). Results – the malign forms frequently encountered were: meningo-encephalitis (55,1%), miliary (33,3%), peritonitis (8,6%), pneumonia (7,4%) and broncho-pneumonia (6,6%), with the most frequent association: meningo-encephalitis + miliary – 13,6%. The incidence diminished until 1996 - 11 cases- (compared to 1990 - 38 cases), with an afterword increasing trend – especially in the meningo-encephalitis cases (in 2000, they had the biggest number of malign tuberculosis – 25 cases – and meningo-encephalitis TBC – 16 cases – during the last 10 years). The maximum bacteriological confirmation percentage was encountered at bronchopneumonia cases (68%), pneumonia (61%) and miliary (49%), meningo-encephalitis TBC having only 19,4%. The evolution under treatment was generally favorable (71% recovery cases), 12,6% sequelae (most frequently post-meningo-encephalitis) and 16% deaths.
Conclusions – increasing number of meningo-encephalitis TBC cases after 1996, mainly at 1-3 years.

P207. CARACTERISTICILE TUBERCULOZEI PULMONARE CHIMIO-REZISTENTE LA FEMEI

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Studiul cuprinde 46 femei cu tuberculoză chimio-rezistentă, cu vârsta 20-62 ani, internate în clinica noastră în ultimii 10 ani. În această perioadă totalul bolnavelor internate a fost de 169. Din totalul pacientelor cu tuberculoză pulmonară secundară aflate sub tratament (HIV negativ), 9 (19,56%) au prezentat chimiorezistenţă primară dintre care la 1 drog 7 şi la două, 2 cazuri. 37 cazuri (80,43%) au prezentat chimiorezistenţă secundară, dintre care 19 (41,30%) cu monorezistenţă, 13 (28,26%) cu birezistenţă şi 5 (10,86%) cu multi-rezistenţă. Dintre factorii incriminaţi în apariţia chimiorezistenţei secundare la femei au predominat intoleranţele medicamentoase, bolile asociate (diabet zaharat, ulcerul gastro-duodenal, boli psihice etc) şi consumul de toxice (alcool şi tutun). S-au administrat scheme terapeutice individualizate conforme antibiogramei. Sub tratament negativarea bacteriologică la microscopie s-a produs în 3 luni la 19 paciente (41,30%), la restul cazurilor persistând pozitivitatea. Urmărite, cazurile au avut următoarea evoluţie: negativitate microscopică în 11 situaţii (23,91%), persistenţa pozitivităţii microscopice la 13 cazuri, cu cronicizare şi polirezistenţă, decese în 9 situaţii, restul cazurilor fiind pierdute prin neprezentare la controalele periodice. În concluzie tuberculoza la femei este în creştere (datele naţionale statistice 36,3%), cauzată fiind în principal de noncomplianţă, reacţiile secundare medicamentoase, bolile asociate multiple. Constituie cauze majore de cronicizare şi deces cu implicaţii epidemiologice, reprezentând surse de contaminare cu germeni rezistenţi. Necesită droguri costisitoare şi spitalizări prelungite cu repercursiuni familiale şi sociale.

P207. THE CHARACTERISTICS OF MULTIDRUG-RESISTANT PULMONARY TUBERCULOSIS IN WOMEN

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The study includes 46 women with drug resistance, aged 20-62 years, admitted to our clinic in last10 years. During this period the total number of the hospitalized patients was 169 women. Of all treated (HIV negative) patients with secondary pulmonary tuberculos 9 (19,56%) had primary drug resistance, of which 7 were chemo-resistant to one drug and 2 to two drugs. 37 cases (80,43%) had secondary resistance, of which 19 (41,30%) cases were mono-resistant, 13 (28,26%) cases biresistant and 5 (10,86%) cases multi-drug-resistant. Among the factors involved in the occurrence of secondary chemoresistance

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in women, drug intolerance were predominant associated diseases and, followed by toxic substance consumption (tobacco and alcohol). Individualized therapeutic schemes were administered according to the antibiogram. Under treatment microscopic bacteriological negativity occurred in a period of 3 months in 19 patients (41,30%), the rest of the cases showing positivity 27 (58,69%). The cases had the following evolution: microscopic negativity in 11(23,91%) cases, persistence of micros-copic positivity in 13 with chronicity and multidrug-rezistant, the death is in 9 cases and the rest of the cases could not be followed up because they did not come to the periodical controls. In conclusion, drug-resistant tuberculosis in women is increasing (national statistics data 36,3%) being mainly caused by secondary drug reactions, noncompliance and multiple associated diseases. It is a major cause of chronicity and death with epidemiological implications, repre-senting sources of contamination with resistant germs. It requires expensive medication and prolonged hospitalization with social and familial consequences.

P208. OBSERVAŢII PRIVIND TB-MDR LA 5 CAZURI DE COPII INFESTAŢI CU HIV

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Apariţia şi în condiţiile noastre a cazurilor cu MDR la copil implică aplicarea unei strategii adecvate de tratament în MDR-TB la copilul infectat cu HIV. Observaţiile se referă la 5 cazuri apărute în 2001 de tuberculoză cu M.t. multidrog rezistentă la copii infectaţi cu HIV, cu accentul pe evoluţia lor clinică, paraclinică (teste), bacteriologică, sub tratament antituberculos. Toate cele 5 cazuri descrise cu TB-MDR au prezentat M.t. rezistentă la H şi R. Tratamentul administrat a fost "empiric", neexistând posibilitatea testării sensibilităţii a altor droguri antituberculoase şi nici scheme de tratament valabile în astfel de cazuri. În cursul observaţiei s-au înregistrat următoarele: doi copii au decedat înainte de începerea tratamentului şi unul după o lună de tratament (60%); 2 copii sunt în tratament, unul în cea de-a doua lună de tratament iar altul are deja 2 luni de tratament dar este încă pozitiv şi cu chimiorezistenţă la H şi R. Tuberculoza cu MDR la copilul infectat cu HIV are o evoluţie gravă, cel mai des fatală. Tratamentul la aceste forme de tuberculoză este dificil şi greu de condus; se aplică cu întârziere (M.t. se pune în evidenţă cel mai ades la 45 de zile iar sensibilitatea se poate stabili după 60 de zile) şi "empiric" din cauza absenţei testelor la celelalte droguri antituberculoase. Tuberculoza MDR este în rândul pacienţilor cu infecţie HIV o problemă specială, deoarece mortalitatea depăşeşte 80% şi pentru că TB-MDR e singura infecţie oportunistă relatată de boala AIDS, ce reprezintă o ameninţare pentru populaţia generală, putând fi transmisă altor persoane sănătoase care-i îngrijesc sau altor bolnavi infectaţi cu HIV. Din aceste motive diagnosticul precoce şi tratamentul cât mai eficient al acestei forme de tuberculoză trebuie să fie în topul priorităţilor viitoare.

P208. OBSERVATIONS CONCERNING TB-MDR ON 5 CASES OF HIV INFECTED CHILDREN

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The apparition, in our conditions also, of MDR cases on children implicates the use of adequate treatment strategies in MDR-TB, on the HIV child. The observations are refering on 5 cases, wich appeared in 2001, of pulmonary tuberculosis with M.t. multidrugresistant on HIV infected children with an accent on their clinical tests and bacteriological evolution with TB-MDR have presented M.t. resistance to H and R. The administrated treatment was empiric because of the inexistence of the possibility of testing the posibility of other anti-tuberculosis drugs,of a treatment scheme valid in such cases. During the observation the following was registred: 2 children died before the beginning of the treatment and one after 1 month of treat-ment (60%); 2 children are in treatment one in his second month of treat-ment and one already after 2 month of treatment but he is still positive with multidrugresistance to H&R. tuberculosis with MDR at HIV infected child has an agravating evolution, often deadly. The treatment of these forms of TB is difficult, it applies late (M.t. is revealed most often after 45 days and the sensibility can be established after 60 days) and empirical because of the absence of the sensibility tests for the others antituberculosis drugs. MDR tuberculosis is among HIV infected patients a special problem because the death rategoes over 80% and because TB-MDR is the only opportunist infection related on patients with AIDS, representing a threat for the general population being transmissible to healthy persons or to other HIV infected patients. For these reasons the early diagnosis and the treatment as efficient as possible of this TB form must be in top of future priorities.

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in women, drug intolerance were predominant associated diseases and, followed by toxic substance consumption (tobacco and alcohol). Individualized therapeutic schemes were administered according to the antibiogram. Under treatment microscopic bacteriological negativity occurred in a period of 3 months in 19 patients (41,30%), the rest of the cases showing positivity 27 (58,69%). The cases had the following evolution: microscopic negativity in 11(23,91%) cases, persistence of micros-copic positivity in 13 with chronicity and multidrug-rezistant, the death is in 9 cases and the rest of the cases could not be followed up because they did not come to the periodical controls. In conclusion, drug-resistant tuberculosis in women is increasing (national statistics data 36,3%) being mainly caused by secondary drug reactions, noncompliance and multiple associated diseases. It is a major cause of chronicity and death with epidemiological implications, repre-senting sources of contamination with resistant germs. It requires expensive medication and prolonged hospitalization with social and familial consequences.

P208. OBSERVAŢII PRIVIND TB-MDR LA 5 CAZURI DE COPII INFESTAŢI CU HIV

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Apariţia şi în condiţiile noastre a cazurilor cu MDR la copil implică aplicarea unei strategii adecvate de tratament în MDR-TB la copilul infectat cu HIV. Observaţiile se referă la 5 cazuri apărute în 2001 de tuberculoză cu M.t. multidrog rezistentă la copii infectaţi cu HIV, cu accentul pe evoluţia lor clinică, paraclinică (teste), bacteriologică, sub tratament antituberculos. Toate cele 5 cazuri descrise cu TB-MDR au prezentat M.t. rezistentă la H şi R. Tratamentul administrat a fost "empiric", neexistând posibilitatea testării sensibilităţii a altor droguri antituberculoase şi nici scheme de tratament valabile în astfel de cazuri. În cursul observaţiei s-au înregistrat următoarele: doi copii au decedat înainte de începerea tratamentului şi unul după o lună de tratament (60%); 2 copii sunt în tratament, unul în cea de-a doua lună de tratament iar altul are deja 2 luni de tratament dar este încă pozitiv şi cu chimiorezistenţă la H şi R. Tuberculoza cu MDR la copilul infectat cu HIV are o evoluţie gravă, cel mai des fatală. Tratamentul la aceste forme de tuberculoză este dificil şi greu de condus; se aplică cu întârziere (M.t. se pune în evidenţă cel mai ades la 45 de zile iar sensibilitatea se poate stabili după 60 de zile) şi "empiric" din cauza absenţei testelor la celelalte droguri antituberculoase. Tuberculoza MDR este în rândul pacienţilor cu infecţie HIV o problemă specială, deoarece mortalitatea depăşeşte 80% şi pentru că TB-MDR e singura infecţie oportunistă relatată de boala AIDS, ce reprezintă o ameninţare pentru populaţia generală, putând fi transmisă altor persoane sănătoase care-i îngrijesc sau altor bolnavi infectaţi cu HIV. Din aceste motive diagnosticul precoce şi tratamentul cât mai eficient al acestei forme de tuberculoză trebuie să fie în topul priorităţilor viitoare.

P208. OBSERVATIONS CONCERNING TB-MDR ON 5 CASES OF HIV INFECTED CHILDREN

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The apparition, in our conditions also, of MDR cases on children implicates the use of adequate treatment strategies in MDR-TB, on the HIV child. The observations are refering on 5 cases, wich appeared in 2001, of pulmonary tuberculosis with M.t. multidrugresistant on HIV infected children with an accent on their clinical tests and bacteriological evolution with TB-MDR have presented M.t. resistance to H and R. The administrated treatment was empiric because of the inexistence of the possibility of testing the posibility of other anti-tuberculosis drugs,of a treatment scheme valid in such cases. During the observation the following was registred: 2 children died before the beginning of the treatment and one after 1 month of treat-ment (60%); 2 children are in treatment one in his second month of treat-ment and one already after 2 month of treatment but he is still positive with multidrugresistance to H&R. tuberculosis with MDR at HIV infected child has an agravating evolution, often deadly. The treatment of these forms of TB is difficult, it applies late (M.t. is revealed most often after 45 days and the sensibility can be established after 60 days) and empirical because of the absence of the sensibility tests for the others antituberculosis drugs. MDR tuberculosis is among HIV infected patients a special problem because the death rategoes over 80% and because TB-MDR is the only opportunist infection related on patients with AIDS, representing a threat for the general population being transmissible to healthy persons or to other HIV infected patients. For these reasons the early diagnosis and the treatment as efficient as possible of this TB form must be in top of future priorities.

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P209. ANTIBIOGRAMA PENTRU MEDICAMENTE ANTITUBERCULOASE DE LINIA A DOUA

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Pentru aprecierea rezultatelor testării *in vitro* a sensibilității tulpinilor de M. tuberculosis la kanamicină (K), amikacină (A), ciprofloxacină (C), cyloserină (T), nicotinamidă (N) și acid para-aminosalicilic (PAS) am făcut corelație între regimul terapeutic administrat și rezultatele testării *in vitro* – metoda concentrațiilor absolute. Am selectat pentru testare tulpinile de M. tuberculosis care în cursul anului 2001 au avut rezistență la cel puțin unul din medicamentele: izoniazidă, rifampicină, etambutol, streptomicină. Cele 148 tulpini testate proveneau de la 71 bolnavi cu tuberculoză pulmonară. Pentru 13 din 34 bolnavi tratați cu regimuri conținând medicamente antituberculoase de linia a doua (ATBL2) s-a câștigat rezistență (r) astfel: Kr - 3 bolnavi, ArKr -7 bolnavi, KrTr -3 bolnavi. Nu au câștigat rezistență la ATBL2 tulpinile provenite de la 21 din cei 34 bolnavi. Pentru 32 bolnavi nu avem informații asupra tratamentului administrat; la 20 dintre ei tulpinile s-au menținut sensibile iar la 12 au câștigat rezistență. Regimurile terapeutice au necesitat individualizare și asocierea de ATBL2 datorită efectelor secundare, intoleranței la medicamentele de linia întâi sau rezistenței tulpinilor. Opțiunea pentru administrarea ATBL2 trebuie să fie rezervată datorită frecvenței câștigării rezistenței (33.33%).

P209. DRUG SUSCEPTIBILITY TESTING FOR SECOND LINE ANTI-TUBERCULOSIS DRUGS

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In order to assess the results of drug susceptibility testing of *M. tuberculosis* to kanamycin (K), amikacin (A), ciprofloxacine (C), cycloserine (T), nicotinamide (N), p-aminosalicylic acid (PAS), we made correlation between terapeutic regimen and the results of the in vitro test-absolute concentration method. We selected for the test *M. tuberculosis* strains which were isoniasid, rifampicin, streptomycin or ethambutol resistant during the 2001 year. The 148 strains tested were obtained from 71 pulmonary tuberculosis patients. From 34 patients treated with regimens containing second line drugs (SLD) 13 had acquired resistance (r): Kr - 3 patients; ArKr -7 patients; KrTr - 3 patients. None SLD resistance was found for the strains from 21 out of the 34 patients. For 32 patients we have no information about treatment; the strains of 20 of them remained susceptible, 12 acquired resistance. Drug side effects and resistance determined the use of individualized regimens containing SLD. The option for using SLD should be moderated because of high frequency of acquired resistance (33.33 %).

P210. TUBERCULOZA PULMONARĂ CRONICĂ ÎN TERITORIUL ARONDAT DISPENSARULUI TBC CLUJ

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Studiul de față a avut ca scop urmărirea în timp a segmentului bolnavilor cu tuberculoză pulmonară cronică aflați în evidența disp. TBC Cluj în perioada 1997-2000. Astfel, în 1997 figurau în evidențe 112 bolnavi cronici, în 1998 erau 98, în 1999 numărul lor s-a menținut la 98, iar în 2000 a scăzut la 75 bolnavi cronici. Distribuția pe sexe a cazurilor a evidențiat în mod constant predominanța bărbaților (aprox. 80% bărbați). Din punct de vedere bacteriologic se constată că în timp procentul pacienților de la care s-au izolat tulpini chimiorezistente este în creștere. Astfel, în 1997 41.9% din bolnavi prezentau chimiorezistență (23.7 la H; 11.6% birezistență; 6.4% MDR). În 1998 – 39.6% din bolnavi prezentau chimiorezistență (18.8% monorezistență; 4.1% MDR) pentru ca în 1999 procentul chimiorezistenței să crească la 40.8% (17.3% - monorezistență la H, 17,3% la HR, HS; 6.1% MDR). În 2000 procentul chimiorezistențelor a fost de 46.6% (20% la H; 13.3% birezistență; 13.3% MDR). Rata de succes a tratamentului la acești pacienți a fost foarte scăzută (~25%) și procentul de eșecuri a fost foarte mare (~53%). Printre factorii de risc pentru eșec se numără alcoolismul la 50%, noncomplianța la tratament 32%, chimiorezistența la 18%. Dimensiunea socială a problemei este relevată de faptul că 45% sunt fără ocupație, 15% homeless, 4% prizonieri.
Concluzii: Tuberculoza pulmonară cronică este o formă severă de tuberculoză, cu o frecvență ridicată a MDR, greu și scump de tratat și cu un risc ridicat de diseminare a infecției. Măsurile medicale trebuie completate cu măsuri sociale, suport psihologic și implicare guvernamentală.

P210. THE CHRONIC PULMONARY TUBERCULOSIS IN THE DISTRICT OF CLUJ

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The purpose of the study was to follow up the evolution of chronic cases of pulmonary TB from 1997 to 2000 in the district of Cluj. In 1997 were registered 112 chronic cases of TB, in 1998 were 98 cases, in 1999 were 98 and in 2000 were 75 chronic cases. From the total of cases 80% were

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male. The analysis of the bacteriological data shows the increasing number of drug resistant patients from an year to another. In 1997 – 41.9% of patients show drug resistance (23.7% to H; 11.6% to HR, HS, HZ; 6.1% to MDR). In 1998 – 39.8% of patients were drug resistents (18.8% to H, 4.1% to MDR). In 1999 the percentage of chemoresistance is increasing to 40.8% (17.3% to H; 17.3 to HR, HS; 6.1% to MDR). In 2000 the percentage of chemoresistance was 46.6% (20% to H; 13.3% biresistance; 13.3% MDR). The success rate of treatment among this patients was very low (~25%) and the percentage of treatment failures is very high (~53%). Among the risk factors for failure is alcoholism in 50%, noncompliance to the treatment 32%, drug resistence in 18%. The social dimension of the problems revealed by the fact that 45% are unemployed, 15% are homeless, 4% are prisoners.
CONCLUSIONS: The chronic pulmonary TB is a severe form of TB, with a high frequency of MDR, hard and expensive to treate, and with a high risk of spreading the infections. The medical measures need to be completed by social measures, psychological support and government commitment.

P211. EVALUAREA REZULTATELOR TRATAMENTULUI ANTITUBERCULOS AL BOLNAVILOR CU TUBERCULOZĂ PULMONARĂ MICROSCOPIC POZITIVI ÎNREGISTRAŢI LA AMBULATORUL TBC CLUJ-NAPOCA ÎN ANUL 2000

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Studiul nostru urmăreşte evaluarea activităţii depuse într-un an. Am respectat definiţiile şi metodologia de lucru propuse de OMS –IUATLD. În anul 2000 au fost înregistrate 339 cazuri noi de tuberculoză pulmonară din care 125 microscopic pozitive (36,8%) şi 35 recidive pulmonare din care 21 microscopic pozitive (60%). Eficacitatea imediată a tratamentului antituberculos a fost analizată sub forma ratei de conversie bacteriologică la 2 luni. La cazurile noi rata de conversie a fost 64%, 13,6% nu au fost controlaţi iar restul de 22,4% au rămas microscopic pozitivi. Recidivele au urmat regimul de retratament OMS, în proporţie de 71,4%. Rata lor de conversie bacteriologică a fost 86,4%, restul de 14,6% rămânând microscopic pozitivi. Evaluarea la 1 an a rezultatelor tratamentului la cazurile noi ne arată: 73,6% vindecaţi; 6,4% tratament încheiat; 9,6% eşecuri; 1,6% decedaţi; 4,8% abandonuri; 0,8 % pierduţi şi 3,2% mutaţi. Rata de succes a fost de 80%, sub obiectivul propus în programul naţional. Evaluarea la 1 an a tratamentului recidivelor ne arată: 57,1% vindecaţi, 23,8% tratament încheiat; 4,7% eşecuri; 9,5% pierduţi; 4,7% abandonuri. Rata de succes a fost de 80,9%, îndeplinind obiectivul propus.

P211. THE ASSESSMENT OF RESULTS OF CHEMOTHERAPY IN SMEAR POSITIVE PULMONARY TUBERCULOSIS PATIENTS NOTIFIED IN 2000

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Our study aims the assessment of our one year activity. Definitions and the methodology used to analyse data were derived from WHO, IUATLD. In 2000 at the ambulatory Cluj were registered 339 new cases of pulmonary tuberculosis from which 125 were smear positive patients (36,8%) and 35 relapses from which 21 were smear positive (60%). Immediate efficacy of the TB chemotherapy was analized as the two months smear convertion rate. At the new cases the convertion rate was 64%, 13,6% were uncontrolled and the rest of 22,4% were smear positive patients. The relapses followed the retreatment's regimen in proportion of 71,4%. The convertion rate was 86,4%, the other 14,6% remained smear positive. The evaluation after one year of TB chemotherapy of the new cases reveals: 73,6% cured; 6,4% accomplished treatment; 9,6% failures; 1,6% deceased; 4,8% abandoned treatment prematurely; 0,8% patients were lost and 3,2% transferred. The rate of succes was 80%, under the purpose of National TB Program. The assessment of TB chemotherapy of the relapses shows: 51,7% cured; 23,8% completed treatment; 4,7% failures; 9,5% were lost, 4,7% abandoned treatment. The rate of succes was 80,9%, accomplishing our purpose.

P212. ANALIZA CHIMIOREZISTENŢEI SECUNDARE LA BOLNAVII ÎN EVIDENŢĂ CU TBC PULMONAR ÎN JUDEŢUL CLUJ ÎN ANUL 2000

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În anul 2000 au fost luaţi în evidenţă 505 bolnavi cu TBC pulmonar, dintre care 416 cu M+C+ şi 89 M-C+. La 71 dintre bolnavi (14%) s-a constatat existenţa chimiorezistenţei secundare (CR) astfel: monorezistenţă la H (32 bolnavi), Z (la 11 bolnavi) şi S (1 bolnav); birezistenţă HZ (3 bolnavi), HS (2 bolnavi) şi polichimiorezistenţă HR (6), HSR (4), HZR(3), HSZ (1), HKAk (1), HRS Cicloserină Ciprofloxacină (1), HKAk Cipro (1), HSKAk (1), HRSK Cicloserină (1), HREK (1). Evaluarea eficacităţii terapiei evidenţiază vindecare în 25 de cazuri (35%), eşec terapeutic în 38 de cazuri (53%), abandon 4 cazuri şi 4 decese.

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P212. THE ANALYSIS OF THE SECONDARY CHIMIORESISTANCE (SC) IN PATIENTS REGISTERED WITH PULMONARY TUBERCULOSIS IN CLUJ COUNTY IN 2000

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We studied a number of 505 patients with pulmonary tuberculosis. Some of them were already in our evidence at the beginning of 2000 and some were new patients taken in evidence during the year 2000. Of these 505 patients 416 had both positive microscopy (M) and cultures (C) and 89 had negative M and positive C. 71 patients (14%) were found to be SC as follows: monoresistance to Isoniaside (H) in 32 patients, Pirasinamide (Z) in 11 patients, Streptomycin (S) in 1 patient; double SC to H+Z in 5 patients, H+S in 2 patients; multidrugresistance H + Rifampicine (R) in 6 cases, H+R+S in 4 cases, H+R+Z in 3 cases, H+S+Z in one case, H + Kanamycine (K) + Amikacine (Ak) in 1 case, H+R+S+Cycloserine (Cs)+Ciprofloxacine (Cpx) one case, H+K+Ak+Cpx one case, H+S+K+Ak one case, H+R+S+K+Cs one case, H+R+Ethambutol + K one case. The evaluation of the therapy efficacy shows 25 patients cured (35%), 38 patients (53%) with therapeutic failure, therapeutic default in 4 cases and 4 patients died.

P213. RECIDIVELE ÎN TUBERCULOZĂ: REZULTATE TERAPEUTICE, FACTORI DE RISC

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În judeţul Iaşi în ultimii ani s-a înregistrat o creştere a numărului de recidive în tuberculoză.
Obiective: analiza cazurilor de TB - recidivă şi identificarea unor factori de risc la aceste cazuri.
Metoda: s-au analizat 58 pacienţi cu recidivă a tuberculozei, aleşi la întâmplare din cele 150 de cazuri înregistrate în 1999 urmărindu-se caracteristicile demografice, situaţia bacteriologică, schemele de tratament (la prima îmbolnăvire şi în momentul recidivei), factorii socio-economici (venituri şi condiţii de locuit) şi nivelul de educaţie.
Rezultate: 80% din recidive au fost bărbaţi, grupa de vârstă preponderentă a fost 45–54 ani. 94.8% dintre cazurile de recidivă au fost confirmate bacteriologic, 83% din tulpinile infectante erau sensibile la tuberculostatice. Rata de succes terapeutic a fost de 72% la cazurile de recidivă studiate. Primul tratament antituberculos a variat atât ca număr de medicamente cât şi ca durată. Numărul pacienţilor cu venituri mici a crescut în cazul recidivelor (de la 57% la 79%).
Concluzii: cele mai multe recidive apar în primii 6 ani după prima îmbolnăvire, factorii de risc ce intervin în producerea recidivei sunt: factorii demografici, factorii medicali, factorii socio-economici; este necesară monitorizarea post-terapeutică a primelor îmbolnăviri TB mai ales dacă pacienţii întrunesc factori de risc.

P213. TB RELAPSES – RISK FACTORS, THERAPEUTICALLY RESULTS

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The number of TB relapse increased in the alst years in Iasi County.
Aim: to analyze the TB relapses and to identify the risk factors for relapse in order to prevent or to detect them earlier.
Methods: 58 cases of TB relapses were randomly chosen from the 150 relapse-cases registered in 1999. The demographic characteristics, the sputum bacteriology and therapeutically regimens were followed – up; the socio-economic status and the educational level was also studied.
Results: 80% of relapses were males, the most frequent age (24%) was between 45-54 years.
94.8% of the relapses were bacteriological confirmed; 83% from the infecting strains were fully susceptible. The first treatment was very different (length of treatment, number of drug used). 69% from the relapses had standard treatment based on WHO recommendations. The success rate of the treatment for relapses was of 72%.
Conclusions: the great number of relapses is in the first 6 years; the main risk factors for relapses are: demographic, medical and socio-economic factors; TB cases need a post-therapeutically supervision for about 5 years, the time for major risk of relapse. A standard anti-tuberculous treatment under DOT leads to reduction of relapses.

P214. EVALUAREA FAZEI INTENSIVE INIŢIALE A TRATAMENTULUI INDIVIDUALIZAT LA PACIENŢI CU TUBERCULOZĂ CU GERMENI POLICHIMIOREZISTENŢI (TIP MDR-TB) INTERNAŢI ÎN INSTITUTUL DE PNEUMOLOGIE "MARIUS NASTA" ÎN PERIOADA 1998–2000

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S-a urmărit evaluarea atitudinii terapeutice în 112 cazuri de MDR-TB internate în perioada 1998–2000 în Institut. S-au avut în vedere, în afara datelor administrative, numărul tratamentelor efectuate anterior, situaţia bacteriologică (M; C; ABG), extinderea leziunilor

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radiologice, schemele terapeutice utilizate, eventuala chirurgicalizare, situaţia la externare.
Durata medie de spitalizare a fost de 66 zile. Majoritatea bolnavilor au prezentat leziuni radiologice extinse (scor lezional ≥2 - 79,4%; scor cavitar ≥2 - 61,7%). Toate cazurile au fost confirmate bacteriologic la internare: 88% M(+) C(+) / 12% M(-) C(+), iar la externare doar 26% erau M(-) C(-).
În ce priveşte profilul chimiorezistenţelor: 23,5% prezintă HR - rezistenţă, 35,3% HR +1- rezistenţă, 14,7% HR+2 - rezistenţă, 11,7% HR+3 - rezistenţă, 8,8% HR+4 - rezistenţă, 2,9% HR+5 - rezistenţă.
În 40% din cazuri numărul tuberculostaticelor active a fost ≤ 3.
Datele evaluării sugerează un impact terapeutic limitat, ce justifică pesimismul cu care este abordată această categorie de bolnavi.

P214. THE EVALUATION OF THE INITIAL PHASE OF THE INDIVIDUALIZED TREATMENT IN PATIENTS WITH TUBERCULOSIS PRODUCED BY POLYCHIMIORESISTANT GERMS (MDR-TB) HOSPITALIZED IN THE NATIONAL INSTITUTE OF PNEUMOLOGY "MARIUS NASTA" BETWEEN 1998 AND 2000

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The aim of this study was the evaluation of the therapeutic attitude in 112 cases of MDR-TB hospitalized in our Institute between 1998 and 2000.
There have been analised not only administrative data, but also the number of treatments the patients were subjected to before, their bacteriological status (M;C;ABG), the extension of the lesions on their chest x-rays, the therapeutic schedules, eventually their subjecting for surgery and their situation after delivery from the hospital.
The medium period of hospitalization was of 66 days.
Almost all the patients presented wide lesions on their chest x-rays (lesions score ≥ 2-79,4% cavitar score ≥ 2-61.7%).
All cases were bacteriological confirmed in smear sputum at the beginning of the hospitalization, 88% M(+), C(+) /12% M(-), C(+), and only 26% were M(-), C(-) at the end of their hospital stage (of this period).
The profile of drug resistance was: 23,5% presented HR - resistance, 35,3% HR+1 - resistance, 14,7% HR+2 - resistance, 11,7% HR+3 - resistance, 8,8% HR+4 - resistance, 2,9% HR+5 - resistance.
40% of the patients received a treatment containing less than 3 active antituberculous drugs.
These data suggest a limited therapeutic impact that justifies the pessimism in approaching these kinds of patients.

P215. NONCOMPLIANŢA LA TRATAMENTUL ANTITUBERCULOS ŞI PROFILUL PSIHOLOGIC

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Complianţa terapeutică a pacienţilor cu tuberculoză pune mari probleme în toate ţările lumii. Obiectivul acestui studiu este de a pune în evidenţă existenţa unei legături între profilul psihologic şi complianţa la tratament a bolnavilor cu tuberculoză pulmonară.
Pacienţi şi metodă: 91 pacienţi cu tuberculoză pulmonară la începutul primului tratament au completat chestionarul FPI (Freiburger Persönlichkeitsinventar), care evaluează 12 trăsături de personalitate. După o urmărire de 6 luni am estimat complianţa terapeutică: pacienţi complianţi şi noncomplianţi (aceştia din urmă au luat mai puţin de 80% din dozele zilnice administrate). Am raportat rezultatele chestionarelor definind profilul psihologic la pacienţii noncomplianţi.
Rezultate: din 91 de pacienţi studiaţi 6 au fost excluşi pe motiv de nesinceritate (test FPI 9). Din cei 85 de pacienţi rămaşi în studiu 16 au fost noncomplianţi. Pacienţii noncomplianţi, după scorurile chestionarului FPI, sunt caracterizaţi de un profil psihologic de agresivitate asociat la o tendinţă de dominare, pe un fond depresiv. Depresia este prezentă la aproape toţi bolnavii studiaţi.
Concluzie: identificarea cu ajutorul chestionarului FPI a triadei agresivitate-dominare- depresie ar putea identifica pacienţii cu risc crescut de noncomplianţă la tratamentul antituberculos.

P215. NON-COMPLIANCE ON ANTITUBERCULOUS TREATMENT AND THE PSYCHOLOGICAL PROFILE

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The therapeutic compliance of patients with tuberculosis is raising a great deal of problems worldwide.
Objective: to reveal the existence of a possible link between the psychological profile and the treatment compliance of the patients with tuberculosis.
Patients and methods: 91 patients with pulmonary tuberculosis on the first treatment filled in the FPI questionnaire (Freiburger Persönlichkeitsinventar), meant to evaluate 12 personality traits. After 6 months we assessed the therapeutic compliance: compliant and non-compliant patients (defined as taking less than 80% of their daily-administrated doses).
Results: Out of 91 study patients, 6 (6.6%) were excluded on insincerity reasons (FPI test 9). 16 of 85 remaining patients (18.8%) proved to be non-compliant. According

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to the FPI questionnaire, the non-compliant patients were characterized by a psychological profile of *aggressiveness,* associated with a *domination tendency*, on a *depression background*. The depression was encoun-tered on almost all studied patients.
Conclusion: Having established, by means of FPI questionnaire, the aggressiveness-domination-depression profile, one can identify high-risk patients for therapeutic non-compliance on antituberculosis treatment.

P216. EVALUAREA EPIDEMIOLOGICĂ A UNUI FOCAR DE TUBERCULOZĂ MDR

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Tuberculoza pulmonară polichimiorezistentă are o incidență crescută în România (4,11%), în cadrul incidenței generale crescute a tuberculozei pulmonare. Polichimiorezistența este fie primară, fie se instalează în urma tratamentelor incorect efectuate (secundar). Aceasta este o analiza retrospectivă a unui focar familial de tuberculoză pulmonară cu multidrog rezistență (MDR), depistat în 1974 și urmărit până în prezent. Grupul include: 2 surse de infecție (părinții cu forme cavitare cronice de tuberculoză pulmonară BK pozitiv intermitent, MDR și fiicele (4), depistate inițial cu hiperergie tuberculinică; una cu tuberculoză primară cu adenopatie mediastinală dreaptă vindecată; două cu tuberculoză pulmonară secundară cavitară lobi superiori BK pozitivă, MDR (HIN, RMP, SM) tratate medicamentos și chirurgical (lobectomie superioară). În cadrul anchetei epidemiologice s-au controlat radiologic, bacteriologic, IDR încă 12 contacți.
Concluzii: administrarea repetată a chimioprofilaxiei (HE 6 luni) nu a împiedicat evoluția către boală la interval de ani; existența a două surse de infecție cu persistența lor și cronicizarea bolii a favorizat reinfecțiile la copii dovedite prin concordanță dintre antibiograme; s-au utilizat toate mijloacele terapeutice pentru obținerea vindecărilor – tuberculostatice de releu disponibile și intervenții chirurgicale.

P216. EPIDEMIOLOGICAL EVALUATION OF A MDR TUBERCULOSIS CASE

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Multidrug resistent pulmonary tuberculosis has a high incidence in Romania (4,11%) in the context of generaly high incidence of pulmonary tuberculosis. Multidrug resistence (MDR) is either primary or is due to incorrect treatments (secondary). This s a retrospective analysis of a familly case of pulmonary MDR tuberculosis detected in 1974 and followed till 2001. The group contents: 2 sources of infection (the parents who presented chronic cavitary forms of pulmonary tuberculosis intermitent sputum positive for TB, MDR) and 4 daughters first detected with tuberculin hiperergy; one of them presented primary tuberculosis with right mediastinal adenopaty healed; other two presented secondary pulmonary tuberculosis with cavities of upper lobes, sputum positive for TB, with resistence to HIN, RMP, SM, with individualized regimens of chemotherapy and surgical treatment (upper lobectomy). Other 12 contacts were checked by X-ray, bacteriology and skintest. Conclusions: repeated chemoprophilaxis (6 months HE) didn't stop the evolution of disease in time; the persistence of 2 sources of infection determined reinfections in children proved by the same antibiograms; for healing had been used all therapeutical resources-second line antituberculous drugs, surgical methods.

P217. CONSIDERAȚII PE MARGINEA REZULTATELOR CHIMIOTERAPIEI ANTIBACILARE LA CAZURILE NOI CU TUBERCULOZĂ PULMONARĂ ȘI FROTIU POZITIV ÎNREGISTRATE ÎN BUCUREȘTI, 1997-2000

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În intervalul 1997-2000, incidența tuberculozei în București a variat între 121.7‰ și 139.9‰. Organizarea în mai bune condiții a administrării tratamentului la nivelul dispensarelor de pneumologie de sector, a constituit principala măsură cu caracter antiepidemic în vederea reducerii în timp a morbidității bolii. Atât în sectorul 4, introdus în regim pilot OMS în anul 2000, cât și în celelalte sectoare, s-au făcut eforturi de asigurare în măsură mai mare a administrării chimioterapiei sub directa observare. Ca urmare, rata de succese consemnate la cazurile noi cu tuberculoză pulmonară și BK+ microscopie a înregistrat o creștere pe întreg Bucureștiul, de la 76%, în 1997, la 81.6% în primele trei trimestre al anului 2000. Rata de succese pe sectoare în anul 1999 a relevat un procent de numai 76.2% în sectorul 5, o valoare similară fiind înregistrată și în trimestrele I-III, 2000 (76.1%). Această situație este condiționată probabil de particularitățile sociale, economice și demografice existente în sectorul 5. Atât rata de eșecuri (6.6% = 60 cazuri), cât și cea a abandonurilor (6.8% = 62 cazuri) înregistrate în București în anul 2000 impun creșterea procentului de tratamente administrate sub 'stricta supraveghere, intenționând să antrenăm în această activitate diverse persoane (preoți, învățători, poștași) și organizații nonguvernamentale.

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P217. ASSESSMENT OF CHEMOTHERAPEUTIC RESULTS IN PULMONARY TB NEW CASES WITH BK+ MICROSCOPY RECORDED IN BUCHAREST, 1997-2000

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During 1997-2000, the TB incidence in Bucharest varied between 121.7%ooo and 139.9%ooo. A better organization of the outpatient tuberculosis treatment administration at the level of the pneumology dispensaries was the main aim in order to reduce the morbidity of the disease. Not only in the 4-th sector, introduced in a WHO pilot program in 2000, but in all other sectors, greater efforts have been made for direct observation of the chemotherapy administration. As a result, the success rate in new TB cases with BK+ microscopy has recorded an increase in Bucharest, from 76% in 1997 to 81.6% in the first three trimesters of 2000. The success rate recorded in sectors in 1999 revealed a percentage of only 76.2% in sector 5, a similar result being recorded in trimesters I-III, 2000 (76.1%). Probably, this situation depends on the social, economical and demographic particularities existing in sector 5. Both the failure (6.6% = 60 cases) and abandon (6.8% = 62 cases) rates recorded in Bucharest in 2000 require the increase of the percentage of treatments administered under rigorous surveillance. Therefore, we are planning to involve in this activity different persons (e.g. priests, teachers, postmen) and nongovernmental organizations.

P218. STUDIUL CAUZELOR DE RECIDIVĂ A TUBERCULOZEI PULMONARE RECIDIVATE ÎNREGISTRATE ÎN ANII 1998-1999 ÎN ROMÂNIA

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Studiul cauzelor de recidivă a tuberculozei permite adoptarea unor măsuri eficiente pentru prevenirea acestui fenomen. In anii 1998-1999 au fost înregistrate în România 6332 cazuri de recidivă. Au fost analizate cauzele acestor recidive la un eşantion de 3513 bolnavi (55,5%, p=0,5). Analiza cauzelor de recidivă s-a făcut prin studiul retrospectiv al datelor înregistrate în dosarele pacienților. S-a înregistrat un număr mare de recidive la sexul masculin: 2853 cazuri (81%). Cele mai frecvente cazuri se înregistrează la vârsta cuprinsă între 40 şi 60 de ani. La 83% din cazuri durata scursă de la încheierea tratamentului până la recidivă a fost mai mare de 2 ani şi peste 11 ani la 27,7% din cazuri. Numai 23,6% din pacienți au fost etichetați ca pierduți, mutați sau abandonuri la primul episod, 76,4% fiind vindecați. 72% din cazuri fuseseră diagnosticate la primul episod cu forme cazeos-cavitare; 22,8% prezentaseră chimiorezistență măcar la un drog la puseul inițial (media chimiorezistenței inițiale la cazurile noi este de aprox. 10%). Cauzele cele mai frecvent incriminate au fost: alcoolism 24,1%, condiții socio-economice precare 18,8%, necooperare 17,7%, 13,7% maladii asociate şi 22% cauză necunoscută (bolnavi corect tratați, cooperanți, cu chimiosensibilitate).
Studiul demonstrează necesitatea adoptării unor măsuri de supraveghere şi educație sanitară specială pentru categoriile menționate precum şi necesitatea verificării calității medicamentelor.

P218. A STUDY OF THE CAUSES OF PULMONARY TB RELAPSES IN 1998-1999 IN ROMANIA

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The study of the causes of TB relapses allows the implementing of efficient measures for preventing this phenomenon.
In 1998-1999 in Romania 6332 cases of TB relapse were registered. We analyzed the possible relapse causes in a sample of 3513 patients (55.5%, p=0.5). The analysis was based upon the retrospective study of patients' charts. Most cases were in men: 2835 cases (81%), main group age was 40 to 60. In 83% of cases, the time between the end of the treatment and the relapse was longer than 2 years, and over 11 years in 27.7%. Only 23.6% were considered lost, moved or abandon of treatment at the first episode, 76.4% being cured. 72% had cavities at first episode. 22.8% displayed resistance to at least one drug (the mean initial resistance in new cases is 10%). The most frequent causes of relapse were: alcoholism (24.1%), low social status (18.8%), non-compliance (17.7%), 13.7% associated illnesses, 22% unknown (patients correctly treated, compliant and with no drug resistance).
The study demonstrates the need for adapting the measures for surveillance and education especially for the mentioned groups, as well as the need for checking the quality of the drugs.

P219. IMPACTUL UTILIZĂRII UNOR STIMULENTE ASUPRA COMPLIANȚEI BOLNAVILOR DE TUBERCULOZĂ LA TRATAMENT

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A fost studiat impactul utilizării unor stimulente asupra complianței bolnavilor de tuberculoză la tratamentul sub

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directa observaţie medicală în ambulatorul de pneumoftiziologie al sectorului 4 Bucureşti - teritoriu-pilot de aplicare a strategiei DOTS începând din anul 2000. Stimulentul folosit a fost decontarea săptămânală a contravalorii transportului la sediul ambulatorului de pneumoftiziologie pentru administrarea tratamentului antituberculos sub directă observaţie medicală, suportul financiar fiind asigurat de o organizaţie nonguvernamentală. Perioada în care s-a desfăşurat această acţiune a fost 1 august 2000 - 15 ianuarie 2001.
Rezultate: Acoperirea cu DOT (tratament sub directă observaţie) a crescut de la 81,4% în trimestrul I 2000 la 91,4% în trimestrul IV 2000 şi 90,2% în trimestrul I 2001. Rata de succes a tratamentului antituberculos calculată pentru bolnavii cu microscopie iniţială pozitivă a crescut de la 81,4% în trimestrul I 2000 la 89,6% în trimestrul IV 2000.
Considerăm acordarea de stimulente materiale (alimente, bani etc) un element important în creşterea complianţei bolnavilor de tuberculoză la tratament.

P219. THE IMPACT OF RECOMPENSE ON THE TREATMENT COMPLIANCE OF TB PATIENTS

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We studied the impact of using recompenses on the compliance of TB patients with the directly observed treatment in the Pneumology Dispensary of 4th Sector of Bucharest, which is a pilot territory for DOTS since year 2000. The recompense we used was the payment of public transportation from home to the Dispensary for directly observed treatment. Financial support was provided by a non-governmental organization. This action took place between August 1st 2000 and January 15th 2001.
Results: DOT increased from 81.4% in first trimester 2000 to 91.4% in trimester IV 2000 and 90.2% in first trimester 2001. The success rate of anti-TB treatment for patients with initial positive smear increased from 81.4% in first trimester 2000 to 89.6% in trimester IV 2000.
We consider that offering material recompenses (food, money etc.) is an important factor for increasing the treatment compliance for TB patients.

P220. MICOBACTERIOZE – FORME CLINICE PARTICULARE, DIFICULTĂŢI DIAGNOSTICE

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În România micobacteriozele au o incidenţă redusă probabil datorită subdiagnosticării. In viitor incidenţa va creşte odată cu infecţia HIV. Intre 1999-2000 am avut 3 cazuri de micobacterioze, 2 la pacienţi imunodeprimaţi după corticoterapie de lungă durată şi un caz la un pacient cu bronşiectazii. Pentru diagnostic am folosit frotiu şi culturi BK din spută, aspirat bronşic, lichid pleural, biopsie ganglionară, tomografie computerizată şi teste serologice de precipitare specifică (prof. R. J. Doyle). In toate cele 3 cazuri s-au îndeplinit criteriile de diagnostic pentru micobacterioze.
Două cazuri au fost infecţii mixte: micobacterium tuberculosis şi micobacterii atipice, două forme au fost sistemice, la pacienţi imunodeprimaţi, la cel cu broşiectazii a fost o infecţie bronşică izolată. Într-un caz s-a izolat şi neutralizat sursa de infecţie.
Sub asocierea de antituberculoase cu claritromicină şi ciprofloxacină evoluţia a fost foarte bună cu vindecare.

P220. ATIPICAL MYCOBACTERIOSIS – PARTICULAR CLINICAL FORMS AND DIAGNOSIS DIFFICULTIES

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In Romania mycobacteriosis spreading is wery low especially because of under diagnosis. In future we foresee a growing of mycobacteriosis incidence related to development of HIV infection. In 1999 – 2000 our department had in observation and treatment three cases of atipical mycobacteriosis, two in immunocompromised patients after systemic corticotherapy, and one in a patient with bronchiectasis. For establishing the diagnosis we used the following investigations: bacteriological sputum, bronchial wash and pleural fluid examination with Ziehl-Neelsen coloration and culture on Löwenstein-Jensen medium; pulmonary, cerebral and abdominal computed tomography; biopsy; serological test of specific precipitation produced by prof. R.J. Doyle. In all three cases we realised the criterions for mycobacteriosis diagnosis. Two were double infections with mycobacterium tuberculosis asociated with mycobacteriosis. In one case we isolated the source of infection and neutralised it. Two forms were systemic, in immunocompromised patients, and one was an isolated bronchial infection related to bronchectasis.
Using for treatment the association between classic antituberculos therapy and Klarythromicine, Ciprofloxacine the evolution was very good with lesions healing.

P221. TUBERCULOZĂ PULMONARĂ ASOCIATĂ CU GANGLIO-NEUROBLASTOMUL LA SUGAR – CAZ CLINIC

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Tuberculoza nu este o manifestare frecventă la sugar, iar asocierea cu ganglioneuroblastomul este o circumstanţă foarte rară nu numai la această vârstă. Autorii prezintă cazul unei fetiţe în vârstă de 6 luni, născută la 36 săptămâni, GN-2600 g, T-49 cm, PC-39 cm, spitalizată

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pentru febră intermitentă în ultimele 30 zile, neinfluențată de antibiotice. La internarea actuală: stare generală influențată, paloare, dispnee, tuse, scaune semiconsistente, IP=0,89; Paraclinic: Hb=7,04 g%, GA=18000/mmc, VSH =130 mm/1h. Radiografia toracică: opacitate de intensitate medie, neomogenă, difuz conturată ce ocupă 1/2 superioară a hemitoracelui stâng, cu limita inferioară imprecisă, neretractilă, cu proiecție în mediastinul posterior pe incidența de profil. Suspicionându-se un neuroblastom s-a determinat AVM=3,2 mg/24h; medulograma fiind normală. Examenul aspiratului hipofaringian a evidențiat prezența de BK la examenul direct. CT pulmonar relevă noduli opaci diseminați pe ambele arii pulmonare, adenopatii hilare, precum și o formațiune cu densitate de părți moi în LSS și mediastinul posterior cu priză de constrast importantă și calcificări cu dimensiuni de 2,6/1,8 mm, suspicionându-se un ganglioneuroblastom nesecretant. Sub terapia cu TSS adenopatia hilară și opacitatea LSS au avut evoluție favorabilă, persistând încă 4 luni opacitatea mediastinală posterioară în bandă. CT pulmonar efectuat la vârsta de 1 an a arătat completa regresie a ganglioneuroblastomului. Ganglioneuroblastomul are în general evoluție spontană spre vindecare sub vârsta de 1 an. Diagnosticul a fost posibil datorită asocierii cu o boală pulmonară severă acută.

P221. PULMONARY TUBERCULOSIS ASSOCIATED WITH GANGLIONEUROBLASTOMA IN EARLY CHILDHOOD - CLINICAL CASE

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Pulmonary tuberculosis isn't a frequent manifestation in babys and the association with ganglioneuroblastoma (GNB) is a very rare circumstance not only at this age. The authors present a case of a girl 6 months age, born at 36 weeks BW-2600 g, H-49 cm, CC-39 cm, which was admitted for intermitent fever in the last 30 days, uninfluenced by antibiotics. On present hospitalization: general influenced state, pallor, dyspneea, cough, semiconsistent stools, PI-0,89. Lab tests: HBG-7,04g‰, WBC-18000/mmc, ESR-130 mm/h ChestXray: unhomogenous opacitiy of middle intensity is located in the half upper left lung with unprecise inferior limit, unretractible projected in the posterior mediastinal area on the profile X-ray incidence, suspecting a neuroblastoma. AVM was negative (AVM-3,2 mg/24h); Bone marrow aspiration was normal. The deep hipopharingoeal aspirate showed the presence of Koch B on direct bacteriological test. The pulmonary CT reveals hilar lymph nodes enlargement as well nodulars opacities in the left superior lobe and in the posterior mediastinal area with an important contrasting link substance and calcifications about 2,6/1,8 mm in posterior mediastinum, suspecting an unsecretory GNB. After tuberculostatic drug therapy, the enlargement of lymph nodes and the left superior lobe opacitiy had a favorable evolution; but with persistent posterior mediastinal opacity in band during 4 month's. Pulmonary CT reevaluation at 1 year age showed the complete regression of GNB. Conclusion GNB could have a spontaneous evolution without treatment under 1 year of age. The diagnosis was possible due to the association with an acute severe pulmonary disease.

P222. INFECȚIA TUBERCULOASĂ LA ADULȚII INFECTAȚI HIV

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Studiul și-a propus analiza manifestărilor clinice și paraclinice a adulților HIV+ cu tuberculoză (TB) internați în clinică în perioada noiembrie 1999 - octombrie 2001. Au fost studiați retrospectiv și prospectiv 66 adulți HIV+ cu infecție cu Mycobacterium tuberculosis (MT). Am utilizat un protocol standardizat care a cuprins și hemoculturi și culturi din produsele patologice, dar și frotiuri și PCR pentru MT.
Confirmarea TB s-a obținut la 36 bărbați și 30 femei cu vârsta medie 38 de ani clasificați în stadiile B și C, 11 bolnavi având TB în antecedente, 24 fiind descoperiți odată cu infecția HIV. MT a fost identificat în 32 de spute, 19 hemoculturi, 2 lichide pleurale, 2 lichide de ascită, 3 biopsii ganglionare, 3 LCR. 56 bolnavi au avut formă pulmonară, dintre care 16 cu formă ulcerocazeoasă. 8 bolnavi au avut TB diseminată. Rezistența la HIN, RMP a fost înregistrată la 12 bolnavi, iar toxicitatea hepatică la 7. 14 bolnavi au fost necomplianți la tratament. S-au înregistrat 29 decese, 15 datorate altor infecții oportuniste. Infecția cu MT cunoaște o incidență în continuă creștere printre bolnavii HIV+. Metode moderne de diagnostic sunt necesare pentru administrarea rapidă a tratamentului etiologic.

P222. TUBERCULOSIS IN HIV INFECTED ADULTS

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The aims of this study proposed to analize the clinical and laboratory characteristics of tuberculosis (TB) in HIV infected patients, hospitalized in our clinic between November 1999-October 2001.
Retrospectively and prospectively, 66 HIV infected patients with infection due to Mycobacterium tuberculosis (MT) were studied. We used a standardized protocol that

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included blood cultures and cultures from pathological specimens too.
TB confirmation was done in 36 males and 30 females, the mean age being 38 years, classified in stage B and C of HIV infection. Eleven patients had TB in the past. Simultaneous, TB and HIV infection was detected in 24 patients. MT was identified in 32 sputum, 19 blood cultures, 2 pleural effusions, 2 ascites, 3 lymph node biopsies, 3 CSF. Pulmonary TB had 56 patients, 16 of them having ulcerous-caseous form and 8 disseminated TB. INH and RM resistance was registered in 12 patients and liver toxicity in 7 patients. Nonconcompliance to therapy was registered in 14 patients. Twenty-nine patients died, but 15 of them due to others opportunistic infections.
TB recognises a continuous high incidence in HIV infected patients. Modern methods of diagnosis necesites to be utilize for a rapid diagnosis and therapy.

P223. TBC PULMONARĂ ŞI SUPURAŢIILE PULMONARE MICOTICE SECUNDARE

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Sindroamele supurative cronice caracterizate prin fenomene infecţios-supurative instalate pe bronhii, în cavităţi deterjate şi/sau în parenchimul pulmonar modificat de leziunile fibroase TBC, include şi supuraţiile micotice secundare (cu Candida Albicans, Aspergillus niger, fumigatus sau alţi fungi). Tabloul clinic include tuse productivă, hemoptizii repetate, febră, leucocitoză, VSH↑. Radiologic se poate observa prezenţa unui micetom intracavitar care se dezvoltă într-o cavernă deterjată cu imagine de opacitate cu convexitatea în sus, ocupând aproape în totalitate lumenul cavitar, lăsând o zonă de hiperclaritate "în con de umbră" mai mult sau mai puţin patognomonică, mai ales urmărită în dinamică. Diagnosticul diferenţial poate fi făcut cu: chistul hidatic (cu membrană parţial decolată), tuberculom dislocat din parenchim. Grefa aspergilară se poate instala şi în cavităţi bronşiectatice (eronat numite "aspergilom bronşiectaziant"). Instalarea unei supuraţii fungice după vindecarea unei TBC pulmonare este favorizată de tratamentul anti TBC prelungit (prin fenomenul de dismicrobism). Diagnosticul este stabilit pe baza aspectului caracteristic radiologic, simptomatologie şi laborator (identificarea fungilor). Tratamentul infecţiei micotice este medical (cu antifungice p.o. sau local), iar în cazul micetoamelor persistente, chirurgical. În secţia noastră au fost urmăriţi 6 pacienţi cu TBC pulmonară care au asociat la un moment dat în evoluţia bolii o suprainfecţie micotică. În momentul diagnosticului supuraţiei micotice toţi aveau forme activ – evolutive de TBC pulmonară (cu BK + M în spută). Tratamentul a fost efectuat cu antimicotice (p.o. sau local – aerosoli) în 4 cazuri, 2 cazuri au beneficiat de tratament chirurgical; 2 pacienţi au decedat prin hemoptizii fudroaiante; unul a refuzat ab initio orice tratament antimicotic.

P223. PULMONARY TUBERCULOSIS AND SECONDARY FUNGAL SUPURATIVE INFECTIONS

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Chronic pulmonary supurative syndromes characterized by suppurative infections phenomenon occurred on bronchus, empty cavities and/or fibrous reshuffle pulmonary issue (post TB), include secondary fungal infections (with Candida albicans, Aspergillus niger/fumigatus or other fungal species). Symptoms presented are often productive cough, recurrent haemoptysis, fever, leucocytosis, ESR. Pulmonary X-ray exam has revealed an intracavity mycetom. Differential diagnostic has been made with hydatic cyst, reduce TB nodule. Fungus grafting can also settle into bronchiectatis cavity (wrong named bronchiectated aspergilom). The settle of fungal suppurations after the heal of TB is favoured by the extension anti TBC treatment. The diagnostic is settled down on characteristic image on pulmonary X-ray, symptoms and laboratory tests (fungus detection). Therapy of fungus infections is made with anti fungal agents (oral or topically) and surgical therapy in cases of persistent mycetom. In our clinic have been studied 6 patients with pulmonary TB who had associated (in a moment of disease evolution) a fungal over infection. In the moment of diagnosis they all had active forms of pulmonary TB sputum positive. Therapy have been made with oral anti fungal agents, topically agents (inhaled) in 4 cases; 2 cases – surgical treatment; 2 patients died by massive haemoptysis, one of them refused from beginning any treatment.

P224. ACTIVITATEA IMUNĂ CELULARĂ NESPECIFICĂ LA DIHORI INFECTAŢI SIMULTAN CU M.TUBERCULOSIS ŞI VIRUSUL BOLII ALEUTINE

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Cercetările au fost efectuate pentru a stabili influenţa infecţiei simultane cu Mycobacterium tuberculosis şi virusul bolii aleutine asupra activităţii fagocitare la dihori, pentru a defini profilul imunologic al infecţiei şi pentru a estima riscul reprezentat de aceste animale ca sursă de boală pentru îngrijitori.
Probele de sânge au fost recoltate pe heparină de la 8 masculi şi două femele, fiind prelucrate prin testul de

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incluzie a particulelor de carbon in vitro. Timpii de incubare au fost de una respectiv două ore, la fiecare moment fiind prelevate probe a câte 150 microlitri, care au fost transferate în 3 ml ser fiziologic. Densitățile optice ale amestecurilor au fost spectrofotometrate după centrifugare, calculându-se valorile medii. Rezultatele au demonstrat scăderea constantă a activității fagocitare la ambele momente de incubare (0.92±0.18 UDO după o oră și 0.99±0.014 UDO după 2 ore) comparativ cu lotul martor sănătos (0.49±0.32 respectiv 0.50±0.30). Diferențele au fost statistic semnificative în ambele momente de incubare ($t=3.17$, $p<0.01$ și $t=3.92$, $p<0.005$).
Alterarea activității fagocitare crește riscul de eliminare micobacteriană la dihori în condițiile supresiei induse de virusul bolii aleutine.

P224. NON-SPECIFIC CELL MEDIATED IMMUNITY IN FITCHEWS INFECTED WITH ALEUTIAN DISEASE VIRUS AND M. TUBERCULOSIS

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Researches were carried out to establish the influence of simultaneous infection with Mycobacterium tuberculosis on phagocytic activity in farm bred fittchews, in order to define the immune profile of the infection and assess the potential risk factor represented by this group of animals for the working staff of the unit.
Blood samples were collected on heparine, by heart puncture of 8 males and 2 females and were subjected to in vitro carbon particle inclusion test. Incubation periods were of one and two hours and aliquots of 150 microliters were transferred to 3 ml of saline at each moment. Optical densities (ODU) of the mixtures were read spectrophotometrically and mean values were calculated.
The results showed a constantly lowered phagocytic activity at both incubation moments (0.92±0.18 ODU after one hour and 0.99±0.014 ODU after two hours) compared to healthy controls (0.49±0.32 and 0.50±0.30 respectively). The differences were statistically significant at both moments ($t=3.17$, $p<0.01$ and $t=3.92$, $p<0.005$). Impaired phagocytosis increased the risk of mycobacterial elimination in fitchews immunosuppressed by Aleutian disease virus.

P225. ASPECTE EPIDEMIOLOGICE PRIVIND TUBERCULOZA LA COPII CU INFECȚIE HIV/SIDA

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Studiul se referă la 114 copii internați cu dublă infecție HIV/tuberculoză, în Institutul de Pneumologie „Marius Nasta" în perioada 1990-2000 și pentru care am efectuat anchete epidemiologice. Am putut astfel stabili o serie de caracteristici: vârstă, sex, mediu de proveniență, căile de transmitere pentru infecția HIV. 49% din copii erau băieți și 51% fete; vârsta a variat între 7 luni și 14 ani: 24% au fost copii sub 3 ani și 76% copii de 4-14 ani. Originea surselor de infecție pentru copii HIV-pozitiv: 36.0% intradomiciliară și 63.4% extradomiciliară. La cei cu sursă intradomiciliară 52% au fost părinții și 48% bunicii. Printre căile de contaminare pentru infecția HIV s-au putut identifica: 10% cazuri cu transmitere orizontală umană, iar în rest: spitalizări multiple, tratamente injectabile prelungite, transfuzii de sânge. 63.2% din copii infectați cu HIV erau purtători de antigen HBs. 45% din copii au avut o cicatrice vaccinală sub 3 mm, restul cu cicatrici de peste 3 mm, toți copiii fiind vaccinați. 59.9% din copii proveneau din familii de țigani.

P225. EPIDEMIOLOGICAL ASPECTS CONCERNING THE TUBERCULOSIS IN CHILDREN WITH HIV/AIDS INFECTION

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The study refers to 114 children with a double infection HIV/Tuberculosis, admitted at the Institute of Pneumology "Marius Nasta" during 1990-2000. There were carried out epidemiological surveys for them. Therefore, we could establish a series of characteristics: age, sex, milieu of origin, ways of transmission for the HIV infection, etc. There were boys 49% of the children and girls 51%. The age varied between 7 months and 14 years. There were 24% children under 3 years and 76% of them of 4-14 years. The origin of the infection sources for the positive-HIV children was: 36.6% intra-residence and 63.4% extra-residence. Of those with intra-residence source, 52% were parents and 48% grandparents. There were identified as transmission ways: 10% human horizontal transmission while the rest had multiple admissions with prolonged injection treatments, blood transfusions. Of the children infected with HIV, 63.2% had Hbs antigen. 45% of the children had a vaccine scar under 3 mm and all the children were vaccinated. 59.9% came from gipsy families.

P226. MICOBACTERIUM AVIUM ÎN PATOLOGIA COPILULUI CU INFECȚIE HIV ȘI TUBERCULOZĂ

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Studiul a cuprins un lot de 200 copii internați cu dublă infecție HIV și tuberculoză. La 5 cazuri a fost pus în

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evidență Micobacterium Avium Intracelulare. În 2 cazuri a fost determinat prin testul DOT imunocromatografic și în 3 cazuri depistat prin hemocultură. Infecția M.A.I. este cea mai frecventă complicație apărută la 60% din pacienții infectați HIV. M.A.I. produce diseminări la nivelul tractului respirator. Virusurile ca Herpex Simplex acționează asupra macrofagelor cu inducerea multiplicării. M.A.I. produc hemoculturi pozitive prin multiplicare ganglionară. Celulele CD4 au fost în număr absolut sub 80/mmc. Tulpinile M.A.I. au polichimiorezistență naturală. S-a folosit tratament 6/7 RMP, ETB, PZM, Claritromicină, timp de 6 luni. Tratament retroviral: Retrovir, Epivir, Viramune. Evoluția a fost foarte bună cu dispariția febrei, revenirea apetitului și resorbția radiografică la 2 luni de la începutul tratamentului. Hemoculturile au fost sterile la 6 luni. Claritromicina are un rol decisiv cu reducerea și eliminarea bacteriemiei produse de Micobacterium Avium Intracelulară.

P226. MICOBACTERIUM AVIUM IN THE PATHOLOGY OF THE CHILD WITH HIV INFECTION AND TUBERCULOSIS

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The study comprised a sample of 200 children admitted with a double HIV infection and tuberculosis. The Intracellular Avium Micobacterium was pointed out in 5 cases of the sample. It was determined in 2 cases by the immuno-chromatographic test, being detected by a hemoculture in 3 cases. The infection with IAM is the most frequent complication appeared in 60% of the patients infected with HIV. IAM produces disseminations at the respiratory duct level. Viruses as Herpes Simplex act on the macrophaguses by inducing multiplication. IAM produces positive hemocultures by their ganglionar multiplication. The CD4 cells were in an absolute number under 80/mmc. The IAM stems have a natural polychemical resistance. It was used as treatment 6/7 Rifampicine, Ethambutol, Pirazinamide, and Claritromicine. The treatment lasted 6 months. Retroviral treatment – Retrovir, Epivir, Viramune. The evolution under treatment was very good with fever disappearance, appetite returning and radiographic absorbing in 2 months since the treatment started. The hemocultures were sterile after 6 months. Claritromicine has a decisive role by reducing and eliminating the bacteriemia produced by the Intracellular Avium Micobacterium.

P227. CHILOTORAX – PATOLOGIE ASOCIATĂ LA COPILUL INFECTAT HIV ȘI MICOBACTERIUM TUBERCULOSIS

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Chilotoraxul este o afecțiune rară întâlnită în patologia pulmonară a copilului. Copilul P.O., sex F, de 7 ani diagnosticat cu infecție HIV în urmă cu 5 ani. În cursul spitalizării se evidențiază la examenul bacteriologic, prezența bacilului Koch în lichidul de spălătură gastrică. Dinamica radiologică evidențiază lărgirea mediastinului prin prezența de adenopatie paratraheală și hilare-bilaterale. În evoluție adenopatiile cresc în dimensiuni și duc la apariția unei opacități laterotoracice drepte. Puncția pleurală evidențiază lichid lactescent. Examenul biochimic: proteine = 2,92 mg%, glucoză = 98 mg%, colesterol = 180 mg%, lipide = 2389 mg%. Cele mai frecvente cazuri de chilotorax sunt de origine traumatică – accidentale (10-25%) și medicale (45-65%). Chilotoraxul s-a produs prin compresiune extrinsecă datorată adenopatiilor mediastinale care suferă un mecanism de implozie, prin multiplicarea rapidă a bacilului Koch. S-a produs inflamația și fibroza perighanglionară a canalului toracic și colateralelor limfatice. Reacția celulară de apărare este slabă și ineficientă în asocierea tuberculozei cu infecția HIV-SIDA. Drept urmare are loc o multiplicare activă a bacilului Koch cu cazeificare progresivă intraganglionară.

P227. CHYLOTHORAX – AN ASSOCIATED PATHOLOGY IN THE CHILD INFECTED WITH HIV AND MICOBACTERIUM TUBERCULOSIS

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Chylothorax is an affection rarely met in the pulmonary pathology of the child. The child P. O., sex feminine, age 7 had the diagnosis of HIV infection 5 year ago. During the hospital stay, the presence of the Koch bacillus is rendered obvious in the liquid of gastric washing. The radiological dynamics points out the extension of the mediastinum by the presence of the tracheal and lymphadenopathy. In their evolution, the adenopathies increase in size and lead to the appearance of right laterothoracic opacity. The pleural punction points out the opalescent liquid. The biochemical examination shows protein–2.92%, glucose–98 mg%, cholesterol–180 mg%, lipids–2389 mg%. The most frequent cases of chylothorax are of traumatic origine, namely accidental (10-25%) and medical (45-65%). The chylothorax occurred by extrinsical compression due to the mediastinal adenopathies that

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suffer an implosing mechanism, by the fast multiplication of the Koch bacillus. There were produced the inflammation and the periganglionary fibrosis of the thoracic duct and lymphatic co-laterals. The defending cellular reaction is weak and inefficient in associating tuberculosis with HIV-AIDS infection. As a result, an active multiplication of the Koch bacillus takes place with a progressive intraganglionary caseification.

P228. PREDICȚIA FUNCȚIEI VENTILATORII PULMONARE ÎN REZECȚIILE PENTRU TUBERCULOZĂ PULMONARĂ ȘI SUPURAȚII PULMONARE

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Scopul lucrării: evaluarea comparativă a funcției ventilatorii în rezecțiile pulmonare pentru tuberculoză pulmonară (TB) și supurații bronhopulmonare.
Material și metodă: studiul retrospectiv a fost efectuat asupra a două loturi de pacienți operați în perioada 1999-2000. Primul lot a inclus un număr de 33 bolnavi cu TB cu vechime a bolii de 1-5 ani cu MDR-TB, la care s-au efectuat rezecții parțiale în 24 de cazuri și respectiv pneumonectomii în 9 cazuri de plămân distrus tuberculos. Al doilea lot a cuprins 51 bolnavi, din care 45 au suferit lobectomii și 6 pneumonectomii.
Funcția ventilatorie a fost analizată pre- și post-operator la o lună și la 6 luni, pe baza parametrilor FEV1 și CVF și a formulelor de predicție emise de Juhl și Frost.
Rezultate: în lotul bolnavilor cu TB, CVF preoperator a fost în medie de 86,5% din prezis, iar postoperator la o lună 65,2% și respectiv la 6 luni 77,4%. Respectiv FEV1 a fost în preoperator de 83,5% iar în postoperator la o lună- 63,1% și la 6 luni 75,2%.
In lotul al doilea cu supurații pulmonare CVF preoperator a fost în medie de 81,8%, postoperator la o luna 53% iar la 6 luni 76,8%. FEV1 a fost în preoperator în medie de 80,7%, la o lună în postoperator 56,5% și la 6 luni – 75,2%.
Concluzii: deteriorarea funcțională se ameliorează în timp astfel încât investigația postoperatorie imediată nu arată o sechelă funcțională postrezecție. Aprecierea impactului funcțional asupra funcției ventilatorii trebuie realizată la minim 6 luni după rezecție.

P228. A STUDY OF VENTILATORY PREDICTION IN RESECTION FOR TUBERCULOSIS AND PULMONARY INFECTIONS

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The goal: the comparative evaluation of the ventilatory function in the pulmonary resection for tuberculosis (TB) and pulmonary suppurations.
Method: the retrospective study has been made on two groups of patients during 1999-2000. The first group has included 33 sick persons that have been ill for 1-5 years, with MDR-TB. They suffered partial resections in 24 of the cases and pneumonectomies in 9 of the cases on a lung destroyed from the tuberculosis point of view.
The second group has included 51 sick persons, 45 of them have suffered lobectomies and 6 of them have suffered pneumonectomies. The ventilatory function has been analysed before and after the operation, after one and six months on the basis of the FVC and FEV1 parameters and of the prediction formulas emitted by Juhl and Frost.
Results: among TB patients, mean pre-operation CVF was 86.5% of predicted, post-operation after 1 month 65.2% and 77.4% after 6 months. FEV1 was before surgery 83.5%, after surgery: at 1 months – 63.1% and 75.2% at 6 months. In second group, with suppurations, mean CVF before surgery was 80.7%, after 1 month – 56.5% and after 6 months – 75.2%.
Conclusions: the functional depreciation improves in time so that the investigations right after the operation does not represent a functional damage after the resection. The appreciation of the functional impact over the ventilatory function has to be analysed at least 6 months after the operation.

P229. HIDATIDOZĂ PULMONARĂ CU ASPECT PSEUDOTUMORAL LA UN PACIENT CU TUBERCULOZĂ

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Pacient în vârstă de 36 de ani, cioban, fumător 10 PA, este consultat pentru istoric trenant de tuse neproductivă și scădere ponderală. Bilanțul imagistic pune în evidență mai multe anomalii: leziuni infiltrative la nivelul LSD, masă tumorală în LIS și formațiune chistică hepatică (lob drept). Diagnosticul de etapă a fost: tuberculoză pulmonară infiltrativă LSD (BAAR din LBA negativ, ulterior culturi pozitive) cu evoluție favorabilă clinică și radiologică sub tratament antituberculos. La 1 lună de la instituirea acestui tratament se practică toracotomie pentru exereza chirurgicală și stabilirea etiologiei formațiunii tumorale efectuându-se lobectomie inferioară stânga, iar examenul anatomopatologic pune în evidență existența unui chist hidatic pulmonar fibrozat.
In concluzie, autorii descriu un caz de hidatidoză cu dublă localizare: pulmonară cu aspect pseudotumoral și hepatică, coexistentă cu tuberculoză pulmonară.

P229. PULMONARY HIDATID DISEASE WITH PSEUDOTUMORAL PATTERN AT A PATIENT WITH PULMONARY TUBERCULOSIS

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A 36 years old patient, shepperd, smoker 10 PY, is consulted for persitent cough (without sputum production)

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and weight loss. Imagistic survey shows: infiltrative lesions at the level of the right upper lobe, tumoral mass in the left lower lobe and a cyst in the right hepatic lobe. At this stage the diagnosis was: right upper lobe infiltrative pulmonary tuberculosis (negative smear from BAL, later on, positive cultures) with a favorable clinical and radiological evolution under tuberculostatic treatment. One month later, toracotomy for surgical remove and the establishment of the etiology of the tumoral mass was performed – and the histopathological exam revealed the existence of a fibrosed pulmonary hidatic cyst.
In conclusion, the authors are describing a case of echinococcosis with double localisation: pulmonary(with pseudotumoral presentation)and hepatic, coexisting with pulmonary tuberculosis.

P230. TENDINȚE ACTUALE ÎN TRATAMENTUL CHIRURGICAL AL TUBERCULOZEI PULMONARE ÎN ROMÂNIA

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În perioada martie 2000–decembrie 2001 în clinică au fost efectuate 36 intervenții chirurgicale pentru afecțiuni tuberculoase pleuropulmonare.
Principala indicație pentru rezecție pulmonară este tubecruloza fibrocavitară la pacienți polichimiorezistenți, urmate în ordinea frecvenței de hemoptizii și plămân distrus TBC.
Cel mai mare grup de pacienți sunt bărbați în decada a treia de vârstă.
Cele mai frecvente intervenții chirurgicale sunt rezecțiile pulmonare dintre care pe primul loc se situeaza lobectomiile – 14 din 36 (38.88%), urmate de pleuropneumonectomiile stângi – 7 din 36 (19.44%). Studiul aduce în discuție ca metodă de excepție blocajul extramusculoperiostal cu bile – 5 cazuri (13.88%).
Rezultatele postoperatorii au fost bune și foarte bune. Autorii concluzionează că rezecția pulmonară este o metodă de elecție în tratamentul TBC cu indicație chirurgicală.

P230. SURGICAL TREATMENT OF PULMONARY TUBERCULOSIS IN ROMANIA TODAY

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During the period march 2000 – december 2001, 36 patients underwent surgery for pleuropulmonary tuberculosis in our department. The main indication for pulmonary resection was represented by fibrocavitary tuberculosis in polichimioresistant patients, followed in frequency by haemoptysis and destroyed lung.
The highest incidence was recorded in male patients in the third decade of age.
The most frequently performed surgical methods are pulmonary resections, mainly lobectomies (14 patients – 38.88%) followed by left pleuropneumonectomies (7 patients – 13.88%).
The study points out an exceptional method – the extramusculoperiostal comblage with polipropylene balls (5 patients – 13.88%).
Postoperative results were good. In conclusions the authors reveal the pulmonary resections as an election method in the surgical treatment of pulmonary tuberculosis.

235. HIDDEN DEPLETION OF FAT FREE MASS AND BONE DENSITY IS ASSOCIATED WITH SEVERE LUNG DISEASE IN ADULTS WITH CYSTIC FIBROSIS

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Weight loss and impaired body composition are factors of poor prognosis in adults with Cystic Fibrosis (CF). Bone disease has recently been recognised as a complication of CF in adulthood and is associated with increased risk of fractures. We studied 56 adults with CF, all colonised with Pseudomonas aeruginosa. Body composition and bone mineral density (BMD) were measured by dual energy X-Ray absorptiometry (DXA). Serum C-reactive protein, spirometry, physical activity and exacerbation rates were determined. Fat free mass (FFM) of the uppr and lower limb and trunk were determined as ratio to height squared (FFMindex). FFMI was reduced at all sites in patients compared to controls ($p<0.01$). Of the 26 patients with a normal body mass index (BMI) 10 had loss of FFM at all sites and a low BMD. This loss was hidden, because BMI was preserved. FFMindex was reduced in patietns with severe impairment of the lung function (table). FFMindex at all sites was related to CRP, exacerbation rates, inspiratory muscle function and physical activity, all $p<0.05$. We conclude that some patients with CF have a hidden loss of FFM and bone mass, which is a subclinical phase associated with other markers of disease severity. This is likely to have implications for the long-term prognosis of adults with CF. FFMindex Trunk Arm Leg FEV1<45% 7.9 (7.3, 8.5)** 0.85 (0.4, 1.3) 1.8 (1.6, 2.1)* pred. FEV1>65% 8.8 (8.3, 9.2) 1.1 (0.4, 1.9) 2.4 (2.1, 2.6) Data are mean (95% CI); *p<0.05, **p=0.02.

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236. CELLULAR PROTEIN BREAKDOWN IS INCREASED IN PATIENTS WITH SEVERE COPD

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Weight loss in particular loss of fat free mass (FFM) are associated with reduced survival and increased morbidity in COPD. We studied 20 (11 male) patietns with COPD during clinical stability; mean (95% CI) age 66.8 (63.3, 70.0); and 27 age matched controls. Body mass index (BMI, kg/m2), creatinine height index - CHI (an indicator of skeletal muscle mass and FFM) in a 24 hour urine sample, pseudouridine (PSU, an indicator of RNA, therefore cellular protien breakdown) by HPLC in a morning second void urine sample, spirometry, circulating inflammatory mediators (IL-6, TNF alpha) were measured. The patients had severe impairment of the lung function FEV1 was 26.8 (21.3, 32.2)% pred., Tlco 47.2 (39.6, 54.8)% pred. CHI showed a moderate loss of FFM; 75.5 (61.4, 89.6)%. PSU was significantly greater in patients than in controls ($p<0.01$) and was inversly related to CHI ($r=-0.44$, $p<0.05$). IL-6 and TNF alpha were greater than control values ($p<0.01$).
In conclusion, patients with severe stable COPD had increased cellular protein breakdown, which was more obvious in patietns with loss of FFM. This pilot study suggests that protein catabolism is a mechanism causing loss of FFM and protien rich tissue, such as skeletal muscle mass in patients with COPD.

237. BRONCHIAL CARCINOID – CLINICAL PRESENTATION

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Carcinoids are neuroendocrine tumors originating from diffuse cells of neuroendocrine system. The most frequent localizations are appendix, small intestine, rectum and bronchus. Fifteen patients with the diagnosis of bronchial carcinoid made in the period from 1996 to 2000 were examined in our Institute, out of whom 7 (47%) were females, with mean age of 46 years, and 8 males (53%), mean age 46 years. The diagnosis was based on bronchologic examination in 8 (53%) patients, percutaneous lung biopsy in 2 (13%) patients and diagnostic thoracotomy in 5 (33%) cases. Histologically, mosaic-trabecular type was manifested in 9 (60%) cases. At the time of making diagnosis, disseminated disease (metastasis of lymph glands and liver) was noted in 2 (13%) patients. The surgery as a therapeutical modality was performed in 13 (87%) cases, such as pneumonectomy in 5 (33%) patients, bilobectomy in one (7%) patient, and lobectomy in 7 (47%) cases, while the treatment by chemotherapy was applied in 2 patients (13%). It may be concluded that the surgery is the only curative therapy in patients with bronchial carcinoid, while chemotherapy proved to be remedial in the case of disseminated disease, and our results are in correlation with the world-wide findings from this field.

238. IDIOPATHIC PULMONARY FIBROSIS – CORRELATION OF HRCT AND SURGICAL LUNG BIOPSY ON 15 CASES

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Background and aim: to investigate the correlations of HRCT with surgical (open) lung biopsy (SLB) in 15 patients diagnosed with idiopathic pulmonary fibrosis (IPF).
Methods: both HRCT and SLB were available for a retrospective study from the medical record of 15 patients admitted in the Clinical Hospital of Pneumology "Leon Daniello" Cluj-Napoca (1991-2000).
Results: the histological diagnosis was usual interstitial pneumonia (UIP) for 12 cases; acute interstitial pneumonia (AIP) – 1 case; descuamative interstitial pneumonia (DIP) – 1 case; non-specific interstitial pneumonia (NSIP) – 1 case. The extent of lesions was 50-70%. The predominant pattern was reticular rather than "ground glass", with traction bronchiolectasis (in UIP and NSIP) and areas of emphysema in 9 patients, all smokers. This reticular pattern was usually associated with severe fibrosis on histology. The extent of inflamation and fibrosis on histology differed significantly from that seen on HRCT.
Conclusions: HRCT does not discriminate between UIP and NSIP or AIP and DIP; most of the cases were classified as UIP (12 cases).

239. NONSMOKER'S CANCER

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Out of 536 patients held under observation in "Leon Daniello" Clinic between 1997-2001, I studied only nonsmokers, 92 patients (17,12%), from which 48 (8,9%) women. I observed the predominance of cancer at 50-59

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age group, 18 patients (3,3%) and the "over 60" age group, 50 patients (9,3%).
The predominant symptoms were: thoracic pain at 58 patients, persistent cough in 66 cases, dyspnea 25, hemoptysia 28, dysphagia 2 cases. The majority of cases presented symptoms of astheny, fatigue, weight loss and loss of apetite (86 patients).
I studied VSH, toracic radiography, bronchoscopy, thoracic computer tomography, histology and staging classification of nonsmokers cases.
Although epidermoid carcinoma is "tobacco addicted", it can be observed the predominance of this histology at nonsmokers, too. The adenocarcinoma is found in 16 cases, the large cell carcinoma in 8 cases, small cell carcinoma in 6 cases, carcinomatosis in 6 cases, 2 cases with combined epidermoid and adenocarcinoma, 1 case with adenocarcinoma with anaplastic carcinoma, 2 cases with undifferentiated carcinoma, 2 cases- only at brosaj - non small cells, in 31 cases the biopsy was not performed or not concludent.
Concerning the staging classification, 12 cases we encountered I, II, IIIA early stages, in 12 cases there was not made a classification (insufficient investigations), the remaining were discovered in late stages IIIB or IV (68 cases).

240. LONG TERM STUDY OF PULMONARY FUNCTION IN STABLE COPD PATIENTS

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Aim: to evaluate the severity of functional respiratory impairment at initial visit in stable COPD patients; to identify the respiratory functional loss by dynamics of FEV1 values; to asses the respiratory functional patterns in a ten year follow-up study. Subjects: 27 COPD patients (25 males, 2 women), age 38-66 years. Methods: spirometry + flow volume curves, bodypletismography: VC (vital capacity), MEF_{50} (maximal expiratory flow at 50% VC), FEV_1 (flow expiratory volume in one second), RV(residual volume), TLC (total lung capacity), Raw (airway resistance). Visits performed : V1 (initial), V2 (1-3 years), V3 (3-5 years), V4 (5-10 years). Results: dynamics of functional parameters (table 1) and evolution of FEV1 decrease (table 2) were as follows:
Table 1

Visit	VC (%)	FEV1 (%)	FEV/CV (%)	MEF50 (%)	RV (%)	TLC (%)	Raw ($kPa.l^{-1}.s^{-1}$)
1	63.7 ± 14.0	42.6 ± 15.9	50.7 ± 12.6	17.1 ± 10.3	204.4 ± 64.2	105.2 ± 16.3	0.66 ± 0.17
2	57.8 ± 11.4	37.2 ± 13.9	48.2 ± 11.8	14.0 ± 7.5	195.3 ± 70.5	102.6 ± 16.7	0.89 ±0.37
3	58.2 ± 14.3	35.8 ± 15.5	47.1 ± 13.0	11.2 ± 3.8	180.4 ± 55.4	95.2 ± 15.3	0.69 ±0.34
4	50.8 ± 13.4	32.0 ± 12.7	46.4 ± 11.7	9.8 ± 4.6	212.7 ± 39.6	107.8 ± 13.5	0.82 ±0.3

Table 2

	Visit 2 / Visit1	Visit3 / Visit 1	Visit4 / Visit 1
Ä FEV1 (ml)	-210.6 ± 168.7	-320.8 ± 208.7	-471.9 ± 266.9

Conclusions: The severity of obstructive syndrome in COPD patients at initial visit was: 33.4% moderate obstruction and 55.5% severe obstruction. Loss of pulmonary function assessed by FEV_1 dynamics was: Δ FEV_1 visit4/visit1 = - 30.2 % (- 471.9 ml), $p < 0.005$. We noticed an increase of severe obstruction patterns from 55.5% to 92.5 % in a ten year follow-up study.

P241. CONGENITAL THROMBOPHILIA AND PULMONARY THROMBOEMBOLISM

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Congenital thrombophilia is the presence of congenital disorders of the homeostatic system resulting in thrombosis.
The objective of the study is to confirm congenital thrombophilia by laboratory thrombophilia markers in young-aged patients with pulmonary thromboembolism (PTE), with or without deep venous thrombosis (DVT). The study included 55 patients under the age of 55 with established PTE and DVT submitted to the following laboratory analyses, aimed at confirming congenital thrombophilia: the activated protein-C resistance (APC-R), antithrombin III activity (AT III), protein C (PC) and protein S (PS) activity, the tissue plasminogen activator (t-PA) and its inhibitor (PAI-1). APC-R is confirmed in 13 patients (23.63%), correlating well to the literature data (LETS and VITA studies reporting APC-R in 20-40% of the patients with venous thrombosis). Our results on the deficiency of natural coagulation inhibitors slightly exceed the reported ones: AT III deficiency is registered in 17 patients (30.90%), while PC and PS deficiency are registered in 10 (18.18%) and 13 (23.63%) patients respectively. Fibrinolysis disorders are registered too. Low t-PA levels are confirmed in six (10.91%) and elevated PAI-I levels in 22 patients (40%).
The study has definitely established congenital thrombophilia as a disorder conditioned by multigenetic factors and its relevance in generating venous thrombosis.

P242. SEVERE LOWER RESPIRATORY TRACT INFECTION (SLRTI) IN CHILDREN

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In spite of intensive antimicrobial treatment as SRLTI is still a major problem. The aim of this study was to analyze

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clinical, radiological, laboratorial and ethiological findings of SLRTI and some residual effects of them. The study included ten children with pleuropneumonia (three patients); abscessus pulmonum (three patients); pneumonia massiva+ atelectasis (three patients); parapneumonic empyema+ abscessus pulmonum (one patient).
The most of the patients (80.0%) were at the age of 5-16 yr., 20 were infants (mean age 8,3 yr.). Long time before hospitalization 70.0% of them already have symptoms, with severe clinical troubles. All of the patients had positive lab findings of serious infection. The etiological agents were confirmed in 70.0%: adenovirosis and staph. aureus-1; ADV and pseud.aerug.-1; strept. pneumonia –4; staph.aureus –1.
The process and residual effects were diagnosed by means of conventional X-ray, sonography, computer tomography, perfusion and ventilation scanning, bronchoscopy. A half of the children were operated: left pulmectomy-1; left and right lobectomy inferior-2; chest tube drainage-1; decortication-1; COPD-1; fibrotic pleura and fibrotic lung in the place of process-1 patient.
The results showed that SLRTI remained serious residual effects, and thus, these children have had further problems in their life.

P243. INITIAL CHEMOTHERAPY IN LOCALLY ADVANCED NSCLC

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Introduction: In locally advanced NSCLC our first therapeutic choice is initial treatment with 2 CT courses, followed by evaluation of the effects and the new decision of the further therapeutic modalities.
Results: Clinical study comprising 87 pts, averagely aged 54 yrs, PS–WHO scale, 0-2, histological type: squamous-ca 56, adeno-ca 27, large cell-ca 4. CT was based on Platinum (PE and PV protocols) in 79 (91%) pts, on non-platinum regiments in 8 (9%) pts. Evaluation of the effects achieved after 2 courses of the initial CT evidenced: PR in 30 (34%) pts, SD in 32 (37%) pts and PD in 25 (29%) pts. Among the group with PR, in 25 (83%) the therapy was continued with CT until the clinical progression of the disease, 3 (10%) pts underwent surgical treatment, and 2 (7%) RT. In the group with SD, the treatment was continued with RT in 9 (28%), CT in 12 (38%) and symptomatic therapy in 11 (34%) pts. Out of 25 pts with PD, symptomatic therapy was continued in 22 (88%), RT in 3 (12%) pts
Conclusions: Initial treatment with 2 CT courses applied in III B NSCLC may be considered as a triage therapy for subsequent treatment of this category of patients.

P244. LUNG CANCER IN YOUNG PATIENTS

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Aim: To investigate clinical characteristics and treatment of the young patients (younger then 50 years) with lung cancer (LC) and to compare results with patients with LC older than 50 years.
Methods: Retrospective analysis of 1450 patients with LC (204 younger than 50 years – group A and 1246 older than 50 years – group B) hospitalized in our department during 12-years period (1988 – 2000). The following variables were analyzed: gender, comorbidity, established pathohistological (PH) diagnosis, pathohistological type of cancer, treatment.
Results:

		A	B	P value
Gender	Female	25.9%	14.7%	ns
	Male	74.1%	85.3%	ns
Comorbidity		22.6%	42.7%	0.002
PH diagnosis		91.4%	78.9%	0.01
PH type	Adenocarcinoma	32.2%	23.7%	ns
	Squamous cell	37.4%	49.6%	ns
	Small cell	26.6%	20.1%	ns
	Large cell	1.6%	3.0%	ns
	Other	2.2%	3.6%	ns
Treatment	Chemotherapy	41.6%	32.8%	ns
	Radiotherapy	26.6%	22.9%	ns
	Surgery	21.4%	14.7%	ns
	Symptomatic	10.4%	29.6%	0.001

Conclusions: Young patients with LC :
1) are more frequently women;
2) have significantly lower comorbidity;
3) have significantly higher percentage of established PH diagnosis;
4) have more frequently adenocarcinoma and small cell carcinoma;
5) are treated more frequently with chemotherapy, radiotherapy and surgery, and significantly less frequently with symptomatic therapy than older patients with LC.

P245. ADMISSION CRITERIA FOR HOSPITALISED PATIENTS WITH COMMUNITY ACQUIRED PNEUMONIA

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Community acquired pneumonia (PAC) is a common, potentially serious disease.
The admission decision is crucial for the final outcome, being necessary to hospitalise some patients (pt) without high risks of mortality or complicated course. The purpose of this retrospective study was to evaluate the correlation

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between clinical objective and subjective hospitalisation criteria appliance. Data from 83 pt hospitalised with CAP, between January and September 2001, was reviewed. On admission, we checked abnormalities in physical, laboratory and radiological exams. 51 pt (61,4 %) were aged less than 65 years and 44 (53 %) had no significant comorbidity. Patients were assigned to classes according to Pneumonia PORT prediction rule. The distribution was: 5 (6%) in Class I, 25 (30,1%) Class II, 15 (18,1%) in Class III, 26 (31,3%) in Class IV and 12 (14,5%) in Class V. All pt in Classes I and II had a favourable outcome; one pt died in class III, two in class IV and two in class V. In conclusion, some pt were hospitalised without fully meeting objective criteria for admission, reflecting the low availability of outpatient support services and alternative sites for care.

P246. NOSOCOMIAL KLEBSIELLA PNEUMONIAE PNEUMONIA

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Nosocomial pneumonias are serious health problem, nowadays. The aim of this report was to determine the presence of KP pneumonia in our material, to point out the severity of the disease and to notice the need of serious therapeutic approach.

At the Department for acute pathology in small children, for one year (1999-2000 yr.) we hospitalized 460 patients. KP was determined as a cause of pneumonia in 14 children (3,0 %), and in 3 from them (21,4%) nosocomial KP was confirmed. In all of the patients there were common characteristics: long – term antibiotic treatment, initial improvement and after that impaired general state, pneumonic auscultatory and X-ray lung findings and confirmed positive bacteriological isolate for KP, at the same time. Clinical picture was characterized with signs of partial lung failure followed by enteral symptomathology. All of the patients were completely cured as a result of: intensive parentheral antibiotic treatment in the first 10 days and peroral antibiotic treatment in the followed 7 days. KP is a very resistant bacteria. It is pathogen in hospital environment, especially. Neither, when it is isolated as a colonizer it is necessary to have serious therapeutic approach.

P247. THE EFFECTIVENESS OF NEDOCROMIL SODIUM IN TREATMENT OF NEWLY DETECTED ASTHMA IN CHILDREN

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The aim of our study was to investigate whether inhaled Nedocromil Sodium is effective in mild persistent asthmatic children, with no prior diagnosis of asthma. The study included 174 children, with newly detected atopic mild persistent asthma, 94 male, mean age 9,4 years. All of them were treated with Nedocromil Sodium 4mg three times a day, for a period of 3 months. In that period they were observed by means of symptoms, need for beta 2 agonists, lung function, PEF variability and quality of life. The Control group included 32 newly detected mild persistent asthmatic children, 21 male, mean age 8,2 years. Patients characteristics of both groups did not differ significantly in a run in period. At the end of the study, after three months, in a Nedocromil group, symptom improvement was statistical significant, and PEF variability was decreased. The beta 2 agonists needs decreased in all of the children in the Nedocromil group. FEV1 increased from baseline. In the control group there were no statistical significant changes in comparison with the beginning of the study. No side effects was verified in the Nedocromil group.

Nedocromil Sodium may be effective as first line therapy in newly detected mild persistent asthma in children.

P248. ANTIBIOTIC THERAPY IN CHILDREN WITH SEVERE RESPIRATORY INFECTIONS TREATED IN PEDIATRIC INTENSIVE CARE

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The number of children with severe respiratory infections is increasing. These infections are the leading causes for mortality in infants.

The aim of this study is to analyze the frequency of bacterial isolates in children up to 3 years of age, and to assess the effectiveness of the treatment.

During the last year, 135 children with severe pneumonia, were treated at the Intensive Care Unit. There were differentiated three groups of patients: neonates –20; infants-73; and young children – 42. The diagnosis was confirmed on the base of clinical expression, laboratory and bacteriological investigations.

In the group of neonates dominant causes of severe pneumonia were Streptococcus and Gram (-) bacteria infections, Staphylococcus aureus infections, Coagulasa negative Staphylococcus infections. In the group of infants frequent causes were Gram (-) bacteria infections. In the group of young children the most frequent causes were Streptococcus and Haemophilus influenzae infections.

Treatment was strongly realized according to the bacterial isolates and antibiogram. The antibiotics were applicated alone or in combination in order to achieve maximum activity and synergism. Duration of the treatment was approximately 10-14 days.

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Conclusion: Quick and early diagnosis and realized antibiogram with bacterial isolates are the most important factors for adequate treatment.
Treatment of the life-threatening infections according to the Treatment Protocol showed good success in our patients.

P249. HAEMOPTYSES – PROBLEM IN PULMONOLOGY

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We have singled out the patients who reported themselves to the Dispensary for the lung diseases and tuberculosis in Kragujevac between January 1, and June 30, 2000 for haemoptyses.
Out of the total number of 14.901 examinations that were done in the after-mentioned period, the 90 examined persons (0.6%) coughed up blood. There were no patients with a more copious expectoration of blood; following their examination 11 patients were referred to a specialist, otorhinolaryngologist, and 2 patients to surgeon.
In relation to the total number of patients with haemoptyses, the highest percentage (21.1%) make patients with bronchiectases, 17.8% of patients with the same symptoms had infiltrative shadows in the lungs. In 15 patients haemoptyses were due to the chronics cardiovascular disease.
Tumors of the lungs in a high percentage (66.7%) are followed by expectoration of blood.
In 9.5% of patients with newly diagnosed tuberculosis of the lungs, sputum streaked with blood is one of the symptoms.
The results of the study indicate that haemoptyses are a frequent symptom in pulmology and, in certain pulmonary disorders, a pathognomical one as well.

P250. THE DIAGNOSTIC AND THERAPEUTIC THORACOSCOPY AT THE LUNG DISEASES HOSPITAL OF TIRANA

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INTRODUCTION: the pleural effusion may accompany many different diseases. The thoracoscopy is an alternative of the thoracotomy for many thoracic pathologies. This method is more tolerable and less invasive than the thoracotomy for the patient, with a lower post-operative mortality and a lower post-operative stay at the hospital.
OBJECTIVE: The thoracoscopy evaluation at the pleural pathologies diagnosis and treatment.
METHODS: From October 1998 to October 2001, 110 cases of pleura pathology have been studied. In 102 (92.7%) of them, the history, the clinical examination, the chest X-Ray, the pleural fluid examination, the fibrobronchoscopy and the pleural biopsy were not sufficient for establishing the right diagnosis. There were 36 cases (33%) of not neoplasic pathology. One case (0.9%) was a case of transudation due to a cardiac failure. The 109 other cases were 13 (11.8%) flogistic (pre-pulmonary) effusions, 11 (10%) tuberculosis, 2 (1.8%) effusions due to the collagenose 1 (0,9%) effusion due to antracosis, 64 (58,2%) effusions due to metastases and 13 (11,8%) pleural mesotelioma.
RESULTS: The thoracoscopy established the final diagnosis in 101 cases (91.8%). In 1 case (0,9%) showing metastatic effusion, the right diagnosis could not be established and the patient was submitted to thoracotomy. In the 8 cases (7.3%) where the pleural biopsy had shown malign effusion, the thoracoscopy was used for pleurodesy.
CONCLUSIONS: We think that the thoracoscopy is an efficient and reliable method in the diagnosis and treatment of many pleural pathologies, alternating to more invasive techniques.

P251. DOES THE NEEDLE BIOPSY HAVE TO BE REPLACED BY THORACOSCOPY?

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Study objective: To determine the efficacy of pleural needle biopsy (hook type) in malignant pleural effusions.
Method: We performed randomized study of pleural needle biopsy efficacy in patients with pleural effusion. There were 94 patients who underwent clinical, pleural effusion examination and pleural needle biopsy procedure.
Intervention: Blind biopsy of pleura is performed by biopsy needle, hook type, getting at least five specimens.
Results: Sixty patients have been diagnosed with TBC pleural effusion. The efficacy of biopsy needle was as follows: TBC inflammation 35 (58%); Probable TBC 10 (16.7%); pleural fibrosis 13 (21.7%); Island of atypical cells 2 (3.3%).
Thirty-four patients have been diagnosed of non-TBC origin. The anatomic-pathologic examination disclosed: carcinomatous infiltration 11 (32%); adenocarcinomatous infiltration 2 (6%); limphomatoid infiltration 2 (6%); collagenised sclerosis 1 (3%); pleural edema without inflammatory elements 1 (3%); carcinomatous infiltration

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by epidermoid cancer 2 (6%); malignant mesothelioma 1 (3%); chronic inflammation 14 (41%).
Conclusion: These results of needle biopsy, hook type, second the opinion that this procedure is useful in our practice and have not to be replaced by thoracoscopy at the beginning of diagnostic steps when the data of clinical and pleural effusion examination suggest the diagnosis of pleural TBC.

P252. SMOKING HABITS OF PHYSICIANS WITH DIFFERENT MEDICAL SPECIALITY

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Physicians enjoy tobacco smoke, too. Some of them in front of the patients and so they give bad example with their behavior as physicians. Physicians who smoke are not interested in their patients smoking habits and so they are not giving them counsel to stop smoking.
The aim of this study was to determine the prevalence of tobacco smoking among physicians with different medical specialty. Analyses were performed on the basis of an anonymous self-administered questionnaire.
From 488 physicians 251 (51.8%) were male and 233 (48.2%) female. 182 of them were smokers, 100 (54.9%) male and 82 (45.1%) female. Between smokers 76 (36.81%) were physicians in general practice. Smoking prevalence in specialties were: surgery 22 (12.08%), preventive medicine 13 (7.23%), gynaecology-obstetries 11 (5.08%), internal medicine 10 (5.49%) pediatries 10 (5.49%) and rest of 49 (26.92%) physicians were from other medical speciality.
23.08% of physicians smoked under 21 cigarettes per day until 76.92% smoked over 21 cigarettes per day. 36% of physicians never tried to stop smoking 20% only once and 44% several times.
The number of smokers among physicians must be reduced because the physicians are leaders in the environment where they work.

P253. OCCUPATIONAL ASTHMA: CONFIRMATION

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Since January 1995 to September 2001 there were 127 subjects, at the mean age of 39.67 yrs, submitted to their working capability evaluation. The diagnosis of occupational asthma has been established in 54 cases (42.52 %). The most common symptoms reported were dyspnea, cough, or both. 57,41% patients reported symptoms of the upper airways and 18,52% developed allergic skin lesions.
The reported symptoms had the mean history of 5.18 yrs. The exposure period ranged from five to 35 years. The mean exposure of 16.02 yrs was registered in the patients with unconfirmed diagnosis of professional asthma. They also had the mean history of the symptoms of 3.84 yrs. Regarding the history of symptoms, a significant statistical difference ($p = 0.0179$) was evidenced between unconfirmed and confirmed professional asthmatics, that is the latter had a longer history of symptoms.
Professional bronchial asthma most often affects food (11), leather and footwear (10) textile and chemical industry workers (9 patients respectively). The measurements were performed by plethysmography and the obtained results interpreted according to the accepted standards ($Rtot > 0.4$ kPA/l/sec; $SRT > 1.1$kPa/s). A positive carbachol test finding was obtained in 41 (75,93%) patients. Epicutaneous tests on specific allergens were positive in only 10 patients (organic and nonorganic substances evenly distributed). A direct skin test on standard inhalation allergens (prick) confirmed hypersensitivity in 14 (25,93%) patients. Conclusions: To confirm the diagnosis of occupational asthma, it is crucial to perform the bronchial inhalation challenge on specific allergens which contain the substances a person gets in contact with at work. This diagnostic procedure is indicated in all subjects reporting persisting long-history respiratory symptoms at work, presented by a positive finding of the nonspecific bronchial inhalation challenge.

P254. DISCRETE RADIOLOGICAL FINDINGS AT THE PULMONARY THROMBOEMBOLISM WITH CASE STUDY OF PATIENTS WITH MASSIVE PTE

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Increasing awareness of the conditions which predispose to pulmonary thromboembolism (PTE), accompanied with improved methods of detection are reasons for constant increase in incidence of PTE. Nevertheless, antemortem detection of embolism remains poor, and available information suggest that an antemortem diagnosis has been made in only 30% to 50% of all cases. The chest roentgenogram may show either minimal changes or even appear normal in most patients. This is a leading cause why physicians do not think about PTE, especially at the young patients. Detection of sub-massive PTE accidents, the most common form of the disease, is particularly faced with difficulties.
This analyze have been made for the purpose of establishing the incidence of discrete radiographic changes seen at both massive and sub-massive PTE. 27 patients, both males and females with PTE, demonstrating zones of absent or sharply decreased radioactivity at the scintiphotography, that have been treated in our clinic during last two years were included in

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this survey. One case with massive PTE demonstrating minimal radiological changes has been showed, too. The most frequently noticed radiological changes at our patients were elevation of diaphragms, and presence of small linear athelectases. Completely normal chest roentgenograms have been noticed at one patient.
Lessons learned: PTE is always suspicious at the frightened patient presenting dyspnea without signs of bronchial obstruction, regardless of chest roentgenogram examination.

P255. PROGNOSTIC OF SARCOIDOSIS COURSE

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The study has two major objectives: to select the predictors which, among numerous prognostic factors, significantly determine the survival of sarcoid patients, and to estimate the prognostic index of the examined series. The investigation included 200 patients with a histologic verification of sarcoidosis. The obtained data have been analyzed using the statistic software SPSS, the LIFE TABLE module, the univariant analysis for each prognostic factor and Cox's regression analysis to select the prognostic factors with the statistic significance less than 0.05, included in the prognostic index formulation. Analyzing the survival of sarcoid patients', it has been found that intrathoracic sarcoidosis has a significantly better prognosis than any combination involving extrathoracic forms of the disease. The multivariant analysis has selected six prognostic factors (female sex, the age over 40, extrathoracic localization, stage II, III and IV sarcoidosis at the moment of establishing the diagnosis, exacerbation or relapse of the disease) with the statistic significance less than 0.05, of which the so called ZORA prognostic index has been derived out. Its range is 0-6. Depending on their prognostic index, three subclasses of patients have been selected - with good prognosis (prognostic index 0-1), satisfactory prognosis (prognostic index 2-3) and bad prognosis (prognostic index 4-6). There is a statistically significant difference in survival between these subgroups. The formulated prognostic index can be routinely applied in assessing the course of sarcoidosis.

P256. DIAGNOSIS, CLINICAL FEATURES AND PHISICAL SIGNS IN OBSTRUCTIVE SLEEP APNEA SYNDROME

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Polysomnography remains the "gold standard" for the diagnosis of the obstructive sleep apnea syndrome (OSAS), but countries with low income like Albania can't afford this examination due to its high cost. Recently we have used the portable recording for that purpose (Vitalog HMS-500).
The aim of the study was the diagnosis of the patients with the OSAS through Vitalog and finding the correlation among the respiratory parameter disorders during the sleep, the main symptoms and others physical features of the patients.
Our study population consisted of 106 patients suspected for OSAS, selected by a detailed questionnaire. Apnea/hypopnea index and SaO_2 were considered as dependent variable while, symptoms and others physical signs were considered as independent variable. All statistical computations were performed using the SAS software.
The study concludes that the OSAS is relatively frequent among the patients suspected and selected by our questionnaire, but diagnosis is not feasible if it relies only on symptoms and physical signs. Among 106 patients 45 resulted with the syndrome. The snoring and excessive daytime sleepiness were the key symptoms and their association has high chance for OSAS. In our study obesity was present in 65%. Strong correlation ($r > 0.85$) was found among the number of AHI, duration of apnea, mean SaO_2 during the night and excessive daytime sleepiness.

P257. TUMORS OF THE MEDIASTINUM, "20 YEARS EXPERIENCE" 1980-2000

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The mediastinum is an area of great interest for surgeons, pneumologist and radiologist, and the site of origin of numerous pathologic processes in the period time 1980-2000, a total number of 186 patients underwent diagnostic surgical procedures and tumorectomy of the mediastinum. We account 46 cases with Mesenchimal tumours which are 24% of all cases. Approximately half of this had lymphatic or vascular origin whereas others mesenchimal tumours are less frequent. We'll discuss briefly only the basic clinic-pathologic aspects of the most frequent mediastinal tumours.
Lymphangiomas are benign lesions characterized by proliferation of lymph-vessels. Lymphangiomyomatosis characterized by proliferation of lymphatics and smooth muscle. Vascular tumors (with blood vessels in origin) are unusual in the thorax and represent 1% of all mediastinum tumours.
Fibrochistic tumors include: Fibrosarcoma, malignat fibrohistocitoma. Tumors of adipose tissue: Lipoms are rare primary mediastinal tumors, rhabdomyomas are tumors of muscle in origin and are unusual benigne tumors.

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Tumors of skeletic tissues are osteogenic sarcoma and condro-sarcoma. Other tumor is for instance fibro-mesotelioma located enter in the mediastinum without pericardial connections.

P258. SINDROAMELE PARANEOPLAZICE – MANIFESTĂRI PRECOCE ÎN CANCERUL BRONHOPULMONAR

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Material și metodă: Studiul nostru a fost efectuat pe un lot de 57 pacienți, diagnosticați cu neoplasm bronhopulmonar în Clinica Medicală II și Clinica de Neurologie a Spitalului Clinic Județean Constanța, în perioada 1.I.1991–1.I.2001.
Dintre aceștia 9 pacienți au prezentat sindroame neoplazice la debut. Diagnosticul a fost precizat prin efectuarea CT, bronhografiei și examenului histopatologic.
Rezultate și discuții: Incidența acestora a fost următoarea: polineuropatie mixtă senzitivomotorie (22,22%), sindrom cerebelos (11,11%), polimiozită (11,11%), hipocratism digital (22,22%) sindrom reumatoid de tip poliartrită reumatoidă (11,11%), tromboflebită migratorie (11,11%) și trombocitopenie (11,11%). După examenul histopatologic efectuat s-a observat că 77,77% din pacienți au fost diagnosticați cu carcinom cu celule mici. Stadializarea cancerului bronhopulmonar a relevat: stadiul IV pentru 33,33% din cazuri, stadiul IIIb pentru 33,33% din cazuri, stadiul IIIa pentru 22,22% din cazuri și stadiul II pentru 11,11%.
Concluzie: Sindroamele paraneoplazice sunt manifestări precoce în neoplasmul bronhopulmonar cu celule mici care prezintă cel mai înalt grad de malignitate dintre toate tipurile histologice prin creșterea rapidă și metastazare precoce. În fața unor asemenea manifestări clinice trebuie căutată o posibilă neoplazie dând o atenție deosebită neoplasmului bronhopulmonar și astfel reușindu-se precizarea diagnosticului într-o fază precoce a bolii.

P258. PARANEOPLASIC SYNDROMES – EARLY MANIFESTATIONS IN LUNG CANCER

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Material and method: Our study was effected on a lot of 57 patients, diagnosed with lung cancer in 2nd Medical Clinic, and Neurology Clinic of County Hospital of Constantza during 1.I.1999–31.XII.2000, based on file. From these, 9 patients presented neoplasic syndrome at onset. The diagnosis was certified through CT scan, bronhography and histopathologic exam.
Results and discussion: The incidence of neoplasic syndromes was as follows: mixed sensitive-motor polyneuropathy (22,22%), cerebelous syndrome (11,11%), polymiositis (11,11%), clubbing nails (22,22%) rheumatoid syndrome of rheumatoid arthritis' type (11,11%), migratory tromboflebitis (11,11%) and trombocytopenia (11,11%). At the histopathological exam 77,77% of the patients were diagnosed with small cells carcinoma. The stage of the tumors revealed: stage IV for 33,33% of the cases, stage IIIb for 33,33% of the cases, stage IIIa for 22,22% of the cases and stage II for 11,11%.
Conclusion: The paraneoplasic syndromes are early manifestations in lung cancer with small cells, which presents the highest degree of malignancy from all the histological type, through a rapid growth and precocious metastasis. Facing these clinical manifestations we must look for a possible cancer, taking into account the lung cancer, and diagnosing the tumor in the early stage.

P259. IMPORTANȚA BIOPSIEI BRONȘICE ÎN DIAGNOSTICUL NEOPLASMULUI BRONHOPULMONAR

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Interesul pentru fibrobronhoscopie a crescut în timpul ultimilor ani din cauza incidenței mari a neoplasmului pulmonar. Printre prelevările efectuate în timpul examenului fibrobronhoscopic, biopsia bronșică a devenit capitală pentru diagnosticul etiologic al leziunilor infiltrative, vegetante sau obstructive. Scopul studiului nostru este de a face o analiză retrospectivă a rentabilității examenului histologic în observațiile de neoplasm pulmonar. Între 1.01–31.12.2000 în serviciul de fibrobronhoscopie al Spitalului Clinic de Pneumologie Iași au fost efectuate 180 fibrobronhoscopii pacienților care au fost suspectați atât clinic cât și radiologic pentru neoplasm pulmonar. În fiecare caz au fost efectuate 1-3 prelevări bioptice. Examenul histologic a stabilit diagnosticul de neoplasm pulmonar pentru 131 pacienți (72,78%): carcinom epidermoid – 82 cazuri (45,56%), adenocarcinom – 10 cazuri (5,56%), carcinom cu celule mici – 16 cazuri (8,89%), carcinom cu celule mari – 1 caz (0,56%), metastaze – 5 cazuri (2,78%), infiltrație carcinomatoasă (fără un diagnostic histologic clar), embolii tumorale – 17 cazuri (9,44%). Leziuni metaplazice epidermoide cu variate grade de displazie au fost găsite la 23 pacienți (12,78%). Alte leziuni inflamatorii nespecifice au fost identificate la 18 pacienți (10%). Biopsiile bronșice prelevate în timpul examenului fibrobronhoscopic au o

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contribuție majoră în stabilirea diagnosticului pozitiv și a tipului histologic în toate cazurile de neoplasm bronhopulmonar.

P259. THE IMPORTANCE OF BRONCHIAL BIOPSY IN LUNG CANCER DIAGNOSIS

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The interest for fiberoptic bronchoscopy increased during last years because of the great incidence of lung neoplasma. Among drawings made during the fiberoptic bronchoscopy exam, the bronchial biopsy became very important for etiological diagnosis of infiltrative, protrusive or occlusive bronchial lesions. The aim of our study is to make an retrospective analisys for the importance of hystological exam in lung cancer observations. Between 1.01–31.12.2000 in fiberoptic bronchology service of the Clinic of Pulmonary Diseases Iasi were made 180 fiberoptic bronchoscopy to the patients who were surveyed both clinically and radiologically for lung cancer. In all cases have been taken 1–3 bioptic fragments for each patient. The histological exam established the lung cancer diagnosis for 131 patients (72,78%), in the following terms: squamos cell carcinoma – 82 cases (45,56%), adenocarcinoma – 10 cases (5,56%), small cell carcinoma – 16 cases (8,89%), large cell carcinoma – 1 case (0,56%), metastasis – 5 cases (2,78%), carcinomatosis infiltration (without a clear diagnosis of histological type), intraluminal tumor emboli – 17 cases (9,44%). Epidermoid metaplasia lesions with varied types of displasia have been identified at 23 patients (12,78%). Other bronchial nonpecific inflammatory lesions have been identified at 18 patients (10%). The bronchial biopsies taken during the fiberoptic bronchoscopy exam have a major contribution in establishing the positive diagnosis and the hystological type in all cases of lung cancer.

P260. CITOLOGIA SPUTEI ÎN EXPUNEREA PROFESIONALĂ LA CUMUL DE METALE GRELE – STUDIU PRELIMINAR

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Depistare precoce, la nivel respirator, de leziuni cu potențial de transformare carcinogenetică, în expunerea profesională la crom, cadmiu, nichel și compuși.

S-au investigat 23 galvanizatori (expunere medie ocupațională 14,52 ani), 52,17% fumători. Protocolul investigațiilor: ex. clinic general, ex. O.R.L., ex. citologic al sputei (clasificare citologică Babeș-Papanicolau), chestionar individual, biomonitorizare toxicologică subiecți și mediul de muncă.
11 cazuri (52,17%) prezentau citologia tip I, 10 (43,47%) citologie de tip II, iar 2 (18,69%) citologie suspectă (tip III). 60,8% aveau corpi feruginoși și pulberi minerale (fibre). 73,9% prezentau afecțiuni cronice rinofaringiene. Toxicele în aerul locurilor de muncă variau aproape de limitele maxime admise.
Expunerea la metale grele, chiar în limitele admisibile (efecte de potențare și recunoscute carcinogene), determină leziuni cronice respiratorii, cu risc de transformare malignă.
Citologia sputei, metodă simplă, neinvazivă, necostisitoare, permite decelarea modificărilor precanceroase, impunând monitorizarea acestora.
Reevaluarea normelor pentru aceste toxice.

P260. SPUTUM CITOLOGY IN OCCUPATIONAL EXPOSURE TO HEAVY METALS – A PRELIMINARY STUDY

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Early detection of respiratory modifications with carcinogenity risk of transformation, in occupational exposure to Chromium, Cadmium, Nickel and compounds.
We investigated 23 galvanizers (average of exposure 14,5 years). Study procedures included: clinic examination, Ear – Nose – Throat - exam, sputum citology (Papanicolau classification), individual questionnaire, biotoxicological and environmental determinations. 52,17% were smokers. We found at 52,17% of workers type I of citology, 43,47% had citology type II, and 18,69% had suspicious modifications (type III). At 60,8% were identificated ferruginous bodies and mineral dust (especially fibers). 73,9% had chronic rhinopharingian diseases.
Air measurements revealed values near to admitted limits. Galvanic industry (intensified effects and carcinogenity potential) is responsible for chronic respiratory diseases, with high risk of malignant transformation, even at air admitted limits in working areas.
Sputum citology, a simple, noninvasive, cheaply method, detects precancerous injuries, requiring follow up study. Reevaluation of admitted limits is necessary.

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P261. CITOKINELE SERICE ÎN STADIILE AVANSATE DE CANCER PULMONAR

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Obiectivele acestui studiu au fost determinarea unei relaţii între citokine şi extensia tumorală la bolnavii cu neoplasm pulmonar, precum şi stabilirea valorii prognostice a nivelului seric al citokinelor. Am evaluat nivelul seric al IL-1beta, IL-2, IL-6 si TNF – alfa pentru 16 bolnavi netrataţi, cu forme avansate de cancer, cu vârste cuprinse între 46-76 ani (mediu 57.5 ani). Tuturor bolnavilor li s-a efectuat examen bronhoscopic, urmat de biopsie, brosaj şi/sau aspirat. Pacienţii au fost stadializaţi după cum urmează: stadiul IIIA – 6 (37.5%), IIIB-8 (50%) şi IV-2 (12.5%). Concentraţia citokinelor menţionate a fost măsurată utilizând truse comerciale ELISA. Am observat o corelaţie între concentraţia IL-6 şi stadiul bolii. Concentraţia IL-6 corelează de asemenea cu nivelul TNF-alfa. Cea mai mare concentraţie pentru ambele citokine a fost în stadiul IIIB; bolnavii cu metastaze prezintă valori mai mari decât cei cu forme localizate de boală. Nivelul IL-6 a fost crescut însă pentru 15 (93.75%) bolnavi, în timp ce TNF-alfa a fost crescută numai în 4 cazuri (25%). Concentraţia IL-1 beta nu a fost semnificativ mai mare la aceşti bolnavi. IL-2 a crescut la 2 bolnavi, unul cu diabet zaharat şi altul cu spondilită ankilopoietică. În concluzie, la bolnavii cu neoplasm pulmonar noi am observat o creştere în special a IL-6. Această creştere corelează cu extensia bolii, gravitatea stării clinice şi scurtarea duratei de supravieţuire. Nivelul crescut al IL-6 poate fi astfel asociat unui prognostic rezervat sau infaust.

P261. SERUM CONCENTRATION OF CYTOKINES IN ADVANCED LUNG CANCER PATIENTS

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The objectives of the present study were to determine the relationships of cytokines with neoplasia extension in lung cancer patients and to establish the prognostic value of serum cytokine levels. We evaluated the serum levels of IL-1 beta, IL-2, IL-6 and TNF-alpha in 16 untreated advanced lung cancer patients, aged 46-76 years. All patients underwent bronchoscopy followed by biopsies, brushing and washing from suspicious lesion. The patients were staged IIIA-6 (37.5%), IIIB-8 (50%) and IV-2 (12.5%). The concentrations of the above mentioned cytokines were measured using the commercial kit ELISA. We observed a correlation between IL-6 concentration and the stage of malignant disease. IL-6 concentration was also correlated with TNF-alfa levels in this malignant patients. The highest concentration for both cytokines was in IIIB stage; patients with metastatic disease had higher levels than those with undisseminated disease. But IL-6 levels were increased in 15 lung cancer patients, while TNF-alfa was increased in 4 cases. IL-1 beta concentrations were not significantly higher in malignant patients. IL-2 was increased in 2 cases, one with diabetes mellitus and one with ankylosing spondylitis. Finally, in patients with lung cancer we observed an increase especially of IL-6. This increase was related to extensive disease, impaired performance status and shorter survival. The elevated serum levels of IL-6 may have prognostic value being associated with a worse prognosis.

P262. ASPECTE TERAPEUTICE ÎN TUMORILE PRIMITIVE ŞI METASTATICE DE PERETE TORACIC

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Obiective: studiu retrospectiv al tumorilor primitive şi secundare de perete toracic operate în clinica noastră, stabilirea indicaţiilor operatorii: de diagnostic, radical şi paleativ.
Material şi metodă: studiul a fost efectuat pe perioada ianuarie 1997-noiembrie 2001 înregistrând 12 pacienţi cu tumori de perete toracic (3 femei, 9 bărbaţi); 4 tumori benigne, 8 maligne (4 sarcoame, 4 metastaze). S-au efectuat rezecţii de o coastă (4 cazuri), 2 coaste (3 cazuri), 3 coaste (4 cazuri) şi 4 coaste (1 caz). Reconstrucţia de perete toracic s-a efectuat cu plasa de Gore-Tex 1 caz, plasa de Marlex 2 cazuri, fire de nylon în reţea 5 cazuri. Limitele rezecţiei au fost 4 cm în sarcoame şi 2 cm în metastaze. Nu s-a înregistrat mortalitate şi morbiditate postoperatorie.
Concluzii: rezecţia formaţiunilor de perete toracic ce prezintă semne şi/sau diagnostic de malignitate lasă un defect parietal a cărui reconstrucţie poate fi realizată cu materiale protetice combinată cu lambouri musculo-cutanate, cu o minimă afectare a funcţiei ventilatorii şi a esteticii peretelui toracic cu mortalitate şi morbiditate reduse postoperator.

P262. THERAPY PROBLEMS IN PRIMITIVE AND METASTATIC TUMORS OF THE CHEST WALL

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Objectives: retrospective study of primitive and secondary tumors of the chest wall operated in our clinic, establishing the operative indication: diagnostic, radical or paliation.

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Materials and method: the study was performed between January 1997 and November 2001, including 12 patients with chest wall tumors (3 women, 9 men); 4 benign tumors, 8 malignant tumors (4 sarcomas, 4 metastasis). We performed resection of one rib (4 cases), 2 ribs (3 cases), 3 ribs (4 cases) and 4 ribs (1 case). Chest wall reconstruction was made with Gore-Tex net - 1 case, Marlex net 2 cases, nylon net 5 cases. The limits of resection were 4 cm in sarcomas and 2 cm in metastasis. There was no morbidity and mortality after surgery. Conclusions: resection of the malignant chest wall tumors leaves parietal defects which can be reconstructed with prostetic materials, combined with muscle and skin segments, with minimal alteration of lung function and aesthetics and insignificant morbidity and mortality after surgery.

P263. ASPECTE ATIPICE ÎN DIAGNOSTICUL METASTAZELOR PULMONARE PERIFERICE

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În perioada ianuarie 2000-noiembrie 2001 s-au prezentat pentru bronhoscopie 9 pacienţi cu suspiciunea unor metastaze pulmonare (la tomografie computerizată) cu punct iniţial "de plecare" necunoscut. La 6 pacienţi fibrobronhoscopia nu a decelat modificări notabile. 1 pacientă a prezentat un proces tumoral cu aspect encefaloid ce obstrua trunchiul bazal drept (biopsia bronşică – discarioze severe). Toţi cei 9 pacienţi (la care ex. CT şi endoscopia nu au adus date diagnostice suficiente) au "beneficiat" ulterior de biopsie pulmonară în scop diagnostic (toracoscopie sau toracotomie minimă). Rezultatele histopatologice au fost următoarele: 2 – carcinom bronhioloalveolar (CT cu aspect macronodular, multicentric escavat, sugestiv pentru metastaze pulmonare, 4 – metastaze adenocarcinom sân (la intervale între 12-15 ani de la decelarea tumorii primare) cu aspect CT de fibroză postiradiere ± suspiciunea unor noduli pleurali, 2 – sarcoidoză (ex. CT cu suspiciunea unor metastaze pleurale şi limfangită carcinomatoasă), 1 – boală Wegener cu determinare pulmonară (CT – noduli pulmonari bilaterali de etiologie neprecizată).
Cazurile vor fi prezentate cu iconografie amplă.
Metastazele neoplasmelor de sân pot apare la intervale de timp foarte mari - între 12 şi 15 ani de la decelarea bolii primare.
Neoplasmele bronhopulmonare primitive pot "mima" metastazele pulmonare – de exemplu carcinomul bronhioloalveolar. Sarcoidoza şi boala Wegener pot "îmbrăca" aspecte sugestive pentru metastazele pulmonare.
În caz de suspiciune a metastazelor pulmonare periferice (confirmată sau nu ulterior) biopsia pulmonară este indicaţie de elecţie.

P263. ATIPICAL ASPECTS IN THE DIAGNOSTIC OF THE PERIPHERAL LUNG METASTASIS

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Between January 2000 and November 2001, 9 patients, supposed of having lung metastases (at the CT-scan), with an unknown start point, have been examined by bronchoscopy. At 6 patients the fibrobronchoscopy didn't detect important changes. One women patient presented a tumor process with an encephaloid aspect, which obstructed the right basal trunk (bronchial biopsy – severe discariotic lesions). A pulmonary biopsy has been performed to all 9 patients (to whom the CT-scan and the endoscopy has not offered enough diagnosis data) for establishing the diagnostic (thoracoscopy or a mini thoracotomy).
The histopathological results were the following: 2 bronchiolo-alveolar carcinoma (CT-a polycentric macronodular excavated aspect, suggestive for lung metastases), 4 – metastases of breast adenocarcinoma (at intervals of 12-15 years from the detection of the primary tumor) with an aspect CT of postradiation fibrosis ± suspicion of some pleural nodules, 2 – sarcoidoses (CT-scan with the suspicion of some pleural metastases and carcinomatosis lymphangitis), 1 – the Wegener disease with a pulmonary determination (CT-bilateral pulmonary nodules of an unspecified etiology).
The cases will be presented with a detailed iconography.
The metastases of the breast neoplasms can appear at very long lapse of time – between 12 and 15 years from the primary disease's detection. The primary broncho-pulmonary neoplasms might "mimic" the pulmonary metastases – the bronchioloalveolar carcinoma, sarcoidosis and the Wegener disease might have suggestive aspects for the pulmonary metastases.
In case of a suspicion of peripheral pulmonary metastases (confirmed or not afterwards), there is absolutely necessary a pulmonary biopsy.

P264. TREI CAZURI DE CARCINOID BRONŞIC TIPIC CU DEBUT ŞI EVOLUŢIE PARTICULARE

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Uneori existenţa unor tumori de tip Jackson poate îmbrăca aspecte atipice. Prezentăm trei cazuri de carcinoid bronşic tipic cu debut sau evoluţie particulare:

- *Cazul I*, sex feminin (40 ani); *diagnostic*: emfizem intermitent subcutanat (laterocervical stâng); *istoric*: astm moderat (de aproximativ 15 ani); *endoscopic*:

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tumoră polilobată (distal în primitivă stânga); *tomografie computerizată* (CT): tumoră intrabronşică (T2N0M0); *chirurgical*: rezecţie bronhoplastică minimă; *histologic*: carcinom tipic; *particularitate*: debut "aparent" cu emfizem cervical şi sindromul "asthma-like"

- *Cazul II*, sex feminin, 28 ani; *diagnostic*: suspiciune corp străin intrabronşic; *istoric*: inhalarea unei seminţe de dovleac; *endoscopic*: sămânţa de dovleac (în intermediară) şi tumoră vegetantă, netedă ce obstruează parţial primitivă stânga lateral şi distal; *histologic*: carcinoid tipic; *CT* (după rezecţie endoscopică), fără modificări, *particularitate*: depistarea întâmplătoare.
- *Cazul III*, sex feminin, 40 ani, *diagnostic*: hemoptizie majoră; *endoscopic*: tumoră "muriformă" (distal, primitivă stânga, obstrucţie subtotală), *istoric*: carcinoid tipic diagnosticat în urmă cu 6 ani (Fowler stâng), cu abandon terapeutic (la propunerea unei rezecţii endoscopice); *CT*: atelectazie totală a lobului inferior stâng şi parţială a lobului superior stâng; *chirurgical*: pneumonectomie stânga; *particularitate*: 6 ani de la diagnosticul pozitiv la intervenţia chirurgicală.

Cazurile prezintă iconografie detaliată.

Simptomele atipice, greu de încadrat sau evoluţia dificilă a unor maladii respiratorii pot aduce în discuţie existenţa unor carcinoide endobroşice.

P264. 3 CASES OF TYPICAL BRONCHIAL CARCINOID TUMOR WITH PARTICULAR ONSET AND EVOLUTION

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We present three cases of typical bronchial carcinoids with particular evolution:

- Case I, female, (40 years); *diagnostic*: subcutaneous intermittent emphysema (left laterocervical); *history*: - moderate bronchial asthma (15 years ago); *endoscopy*: - pollylobate tumor (distal part of the left main bronchus); *computerized tomography* (CT): intrabronchial tumor T2N0M0; *surgery*: minimal bronchoplastic resection (extirpation of the tumor); *histology*: typical carcinoid; *particularity*: apparent debut with cervical emphysema and „asthma-like" syndrome
- Case II, female, (28 years); *diagnostic*: intrabronchial foreign body (suspicion); *history*: she inhaled a seed of pumpkin; *endoscopy*: pumpkin seed (trunchus intermedius); vegetative, smooth tumor (partial obstruction of main left bronchus lateral and distal) *histology*: typical carcinoid; *CT* (after endoscopic resection): without changes; *particularity*: accidentally detection
- Case III, female, (40 years); *diagnostic*: major hemoptysis; *endoscopy*: „muriform" tumor (left main bronchus, distal); *history*: typical carcinoid 6 years ago (left Fowler bronchus) therapeutic abandon (at an advice of an endoscopic resection); *CT scan*: total atelectasis lower left lobe and a partial one of the left upper lobe; *surgery*: left pneumonectomy; *particularity*: 6 years from the detection to the surgery.

Atypical symptoms, evolution of some „difficult" diseases might bring about the question of the existence of some endobronchial carcinoids.

P265. TROMBOEMBOLISMUL PULMONAR CA PRIMĂ MANIFESTARE A CANCERULUI BRONHOPULMONAR

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Un pacient de 52 de ani s-a internat pentru dispnee de repaus, durere toracică stângă şi hemoptizie instalate în urmă cu 4 zile.

El fusese diagnosticat cu infarct miocardic acut şi primise Nitroglicerină, oxigenoterapie şi heparină în alt spital. Deoarece nu s-au constatat semne EKG de infarct miocardic acut şi radiografia pulmonară evidenţia un revărsat pleural stâng, pacientul a fost trimis către spitalul nostru. Cu 2 luni în urmă pacientul fusese diagnosticat cu pleurezie dreaptă, tratată cu antibiotice şi antiinflamatorii nesteroidiene.

La internare pacientul era dispneic,cu SaO_2 de 85 % în aer atmosferic, tahicardic 110/min, TA=130/80 mm Hg şi tromboză venoasă profundă bilaterală.

S-a suspectat un tromboembolism pulmonar, care a fost confirmat de tomografia computerizată pulmonară cu substanţă de contrast. Tomografia computerizată a evidenţiat şi o tumoră de lob inferior drept. Bronhoscopia efectuată a confirmat cancerul prin prezenţa de celule neoplazice în aspiratul bronşic şi biopsie bronşică de carcinom epidermoid.

Evoluţia clinică a fost extrem de dificilă în ciuda tratamentului anticoagulant (heparină cu greutate moleculară mică şi cumarinic) şi pacientul a decedat după 2 luni, probabil prin tromboembolism masiv bilateral.

P265. PULMONARY THROMBOEMBOLISM AS A FIRST MANIFESTATION OF LUNG CANCER

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A 52-year old man was admitted for dyspnoea at rest, left-sided chest pain and haemoptysia, started 4 days ago. He was diagnosed for acute myocardial infarctus and received nitroglicerin, oxygenotherapy and heparin in another hospital.

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Since there were no electrocardiographical signs of acute infarctus and chest-X ray revealed a left-sided pleural effusion he was referred to our hospital.
Two months ago he presented a right-sided pleural effusion, treated with antibiotics and NSAIDs.
At admission clinical examination showed a man in respiratory distress, with SaO_2 of 85 % in room air, HR 110/min, BP 130/80 mm Hg, and bilateral deep venous thrombosis. Pulmonary thromboembolism was suspected and confirmed by contrast-enhanced spiral CT-scan of the chest. CT-scan showed also a tumor in the lower right lobe. Bronchoscopy was performed and lung cancer was confirmed by neoplastic cells in bronchial aspirate and bronchial biopsy of epidermoid carcinoma.
Clinical evolution was very difficult despite anticoagulant therapy (LMWH and coumarine) and the patient finally died two months later, probably as a consequence of massive bilateral thromboembolism.

P266. CANCERE PRIMITIVE CU LOCALIZĂRI DIFERITE – CAZ CLINIC

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Autorii descriu cazul unui pacient de 46 ani care în decurs de 6 ani a fost diagnosticat cu 4 cancere primitive cu localizări şi tipuri histopatologice diferite. În ordinea cronologică cele 4 neoplazii au fost: B. Hodgkin cu celularitate mixtă, meningiom frontoparietal drept malign, tumoră renală Grawitz (T3N0M0) şi adenocarcinom pulmonar LID cu metastaze pulmonare bilaterale. Pentru tumora cerebrală şi cea renală, bolnavul a beneficiat de tratamentul chirurgical, iar pentru B.Hodgkin şi neoplasmul pulmonar de chimioterapie şi cobaltoterapie.

P266. MULTIPLE PRIMARY CANCERS WITH DIFFERENT LOCALIZATIONS. CLINICAL CASE

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The authors describe the case of a male patient of 46 years old who was diagnosticated with 4 cancers of different localizations and histopathological types in the course of 6 years. In chronological order these 4 neoplasias were: the Hodgkins disease with mixed cellularity, the malign parietofrontal right meningioma, a Grawitz renal tumor (T3N0M0) and a lung adenocarcinoma with bilateral lung metastasis. For both cerebral and renal tumours the patient was given a surgical treatment and for the Hodgkins disease and lung cancer given chemotheapy and cobaltotherpy.

P267. CANCERUL BRONHOPULMONAR: PARTICULARITĂŢI ÎN FUNCŢIE DE VÂRSTĂ ŞI SEX

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Studiul de faţă analizează statistic retrospectiv cazurile diagnosticate cu cancer pulmonar, internate în perioada 01.01.1999 – 31.10.2001, în secţia a V-a a Institutului de Pneumologie " M. Nasta". Au fost studiaţi 314 bolnavi (19% femei, 81% barbaţi) care au fost împărţiţi în 3 grupe de vârste: grupul A – tineri sub 40 ani (7 bolnavi), grupul B – cu vârsta medie între 40–60 ani (135 bolnavi) şi grupul C – cu vârsta peste 60 ani (171 bolnavi). S-a observat aceeaşi proporţie pe sexe la cele 3 loturi, mai mult de 60% fumători, numărul cel mai mare de pachete pe an observându-se la lotul B, unde există şi cele mai multe femei fumătoare. Antecedente personale mai semnificative au fost tot la grupul B (17% TBC şi 7% neoplasme). 11% din grupul C au avut rude de gradul I cu cancere şi 6% din gr. B. La grupele extreme domină localizarea la nivelul plămânului drept. 56% din pacienţi au avut confirmare histopatologică cei mai mulţi din gr. A (71%), iar cei mai puţini din grupul C. Tipul histopatologic cel mai frecvent întâlnit la gr. A şi C a fost adenocarcinomul (57% respectiv 14%), iar la grupul B – tipul epidermoid (17%). S-a observat o dominantă a ADK la femeile din grupa A şi B. 82% din lotul studiat au fost depistaţi în stadiile avansate III B şi IV (86% din gr. C şi 57% din gr. A). Indicaţie operatorie au avut 18% din bolnavi, dar numai 15% s-au operat.

P267. TRENDS IN AGE AND SEX – RELATED OF LUNG CANCER

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The aim of the retrospective study for the patients hospitalized in Institute "M. Nasta" Bucharest 5th Departament between 01.01.1999–31.10.2001, with diagnosis lung cancer.
We examined 314 patients (19% women, 81% men). Patients were divided into 3 age groups: group – A young patients under forty (7 patients) group B – medium age, between 40–60 age (135 patients) and group C – older patients (171 patients).
We found the same ratio by sex for 3 groups. Over 60% were smokers, and the most number of pack./year we observed from group B, were more frequent the smoking females. Significatly antecedentes were all the group B (17% TB and 7% neoplasma) 11% from gr. C were cancer of the near relation and 6% from gr. B
Right localization dominated on young and old populations. 56% from patients were histological confirmated, a more (71%) of group A, again the fower of

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group C. Adenocarcinoma were more frequent in agroup A and C (57% respectively 14%) The epidermoid carcinoma were more frequent in group B (17%).
Adenocarcinoma were more frequent at made of group B and A 82% werw depistated in stage IIIB and IV (86% group C 57% group A) 18% from patients were chirurgicals indications.

P268. EVOLUȚIA PONDERII CANCERULUI PULMONAR CU CELULE MICI DIAGNOSTICAT PRIN BIOPSIE BRONȘICĂ ÎN ULTIMII 25 ANI

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Pe parcursul anului 1998 au fost efectuate în serviciul de bronhologie al Institutului "M. Nasta" 4932 bronhoscopii, dintre care 1303 (26,5%) aveau ca indicație suspiciunea de neoplasm pulmonar. Dintre acestea, 260 au avut aspect endoscopic normal, restul de 1043 având aspect endoscopic sugestiv neoplazic. Confirmarea malignității a fost făcută doar pentru 861 cazuri (la 544 pacienți prin biopsie bronșică, iar la 317 pacienți prin citologia din aspiratul bronșic). Carcinomul cu celule mici a fost diagnosticat în 102 din cele 544 de cazuri confirmate prin biopsie (18,7%). Din cei 102 pacienți, 84% erau bărbați și 80% fumători. Distribuția pe grupe de vârstă a fost: 30-40 ani: 5 cazuri, 40-50 ani: 32 cazuri, 50-60 ani: 39 cazuri, peste 60 ani: 26 cazuri. Aceeași analiză a datelor a fost făcută pentru anii 1975, 1985 și 1995, determinându-se spectrul histologic al neoplasmului pulmonar diagnosticat prin biopsie bronșică. Comparând datele din cele 4 grupe (1975, 1985, 1995, 1998) s-au găsit procentele cronologice următoare: carcinom cu celule mici: 13% - 14% - 10% - 18,7%; epidermoid: 48% - 50% - 52% - 48,7%: cu celule mari: 20% - 11% - 4% - 2,6%; adenocarcinom: 19% - 18% - 33% - 27%. Rezultatele arată astfel un procent în creștere al carcinomului cu celule mici, cu efectele consecutive unui neoplasm rapid evolutiv.

P268. EVOLUTION TREND OF SMALL CELL LUNG CANCER DIAGNOSED BY ENDOSCOPIC BIOPSY IN ROMANIA IN THE LAST 25 YEARS

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Small cell lung cancer is a highly virulent malignancy but at the same time one of the most responsive to chemotherapy.
From a total of 4932 bronchoscopies performed in our bronchoscopy department during the year 1998, 1303 cases (26,5%) were indicated for suspicion of lung cancer. Among these cases, 260 had normal endobronchial aspects and 1043 had suggestive endoscopic signs of lung cancer. The confirmation of malignancy was made only in 861 patients (in 544 cases by bronchial biopsy and in 317 by cytology in the bronchial aspirate). Small cell carcinoma was diagnosed in 102 out of the 544 cases (18,7%). Among these cases, 84% were males and 80% were smokers. The age distribution was: 30-40 years: 5 cases, 40-50 years: 32 cases, 50-60 years: 39 cases, >60 years: 26 cases. In 25 % of cases, the patients had a significant professional exposure. We performed the same analysis for the years 1975, 1985 and 1995 and determined the histologic spectrum of lung cancer confirmed by bronchial biopsy. By comparing the data from the 4 groups (1975, 1985, 1995, 1998), we found the following chronological percentages: small cell: 13% - 14% - 10% - 18,7%; epidermoid: 48% - 50% - 52% - 48,7%; large cell: 20% - 11% - 4% - 2,6%; adenocarcinoma: 19% - 18% - 33% - 27%.
These results show an increasing percentage of small cell carcinoma, with the known influence on prognosis of a rapid evolutive cancer.

P269. ROLUL MARKERILOR IMUNOHISTOCHIMICI BMA ȘI EMA DEPISTAȚI PRIN LAVAJUL BRONHO-ALVEOLAR ÎN DIAGNOSTICUL PATOLOGIEI NEOPLAZICE PULMONARE

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Studiul încearcă stabilirea unei corelații între diagnosticul citologic din lavajul bronho-alveolar (LBA) sau din aspiratul bronșic și prezența markerilor BMA (basal membrane antigen) și EMA (epithelial membrane antigen) în lichidul de lavaj. Au fost studiate 72 de LBA efectuate în serviciul de Bronhologie al Institutului M. Nasta în anul 2000 la pacienți cu suspiciune de patologie neoplazică pulmonară al căror lichid de lavaj îndeplinea condițiile tehnice necesare determinării markerilor (lichid inistilat > 100 ml; recuperare > 50%; vitalitate > 70%; număr total de celule > 8 $\times 10^6$; limfocite > 20%). Din cele 72 de cazuri, 39 au fost bărbați iar 32 fumători. Repartiția pe grupe de vârstă a fost: sub 40 ani – 14 cazuri, 40-60 ani – 38 cazuri, peste 60 ani – 20 cazuri. Aspectul radiologic pulmonar a fost de infiltrat interstițial difuz în 58 de cazuri și infiltrat localizat în 14 cazuri. Din totalul de 72 de cazuri, 16 (22%) au avut cel puțin unul din cei doi markeri pozitivi. Citologia din lichidul de lavaj a depistat celule neoplazice la 54 pacienți, dar dintre aceștia doar 5 aveau markerii pozitivi. În aspiratul bronșic s-au depistat celule neoplazice la 5 cazuri, la toți aceaștia markerii fiind negativi. Celule tumorale au fost depistate prin brosajul bronșic la 3 cazuri (din care doar unul cu markeri pozitivi), și prin biopsia bronșică în alte 2 cazuri (nici unul cu marker pozitiv).
Datele de mai sus indică o valoare diagnostică limitată a markerilor BMA și EMA identificați prin lavaj bronho-alveolar în patologia neoplazică pulmonară.

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P269. DIAGNOSTIC VALUE OF IMUNOHISTOCHEMICAL MARKERS BMA AND EMA IN PULMONARY NEOPLASM

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Our study tried to make a correlation between the presence of malignant cells in the broncho-alveolar lavage (BAL) fluid or in the bronchial aspirate and the presence of imunohistochemical markers BMA (basal membrane antigen) and EMA (epithelial membrane antigen) in the BAL fluid. We studied 72 cases of BAL performed in the Bronchology department of our Institute during the year 2000, which fullfilled the technical conditions needed to determine BMA and EMA (instilated fluid >100 ml; recovered > 50%; vitality > 70%; total number of cells > 8 $\times 10^6$; lymfocites > 20%). Among the 72 de cases, 39 were males and 32 were smokers. Age distribution was: under 40 years – 14 cases, 40-60 years – 38 cases, over 60 years – 20 cases. Chest X-rays showed diffuse infiltrates in 58 cases and localised infiltrate in 14 cases. Among all 72 cases, 16 (22%) had at least one of the 2 markers present. Citology from the BAL fluid identified malignant cells in 54 patients, but only 5 of these had the markers positive. The bronchial aspirate showed malignant cells in 5 cases, but none of them had the markers present. Tumoral cells were identified by bronchial brushing in 3 cases (one with positive markers), and by bronchial biopsy in other 2 cases (none with positive markers). These results show a limited diagnostic value of imunohistochemical markers BMA and EMA identified by LBA in the diagnosis of pulmonary malignancy.

P270. POSIBILITĂŢI TERAPEUTICE ALE CANCERULUI BRONHOPULMONAR ÎN MOMENTUL DIAGNOSTICULUI

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Obiective: urmărirea caracteristicilor bolnavilor cu cancer bronho-pulmonar (CBP).
Metodă: studiu retrospectiv, a inclus 309 pacienţi internaţi cu CBP în 1998.
Rezultate: vârsta medie 58 ani, 83% fumători, 79,1% bărbaţi. Din 309 cazuri, la 22 s-a infirmat postoperator dg de CBP. Ca simptome de debut, domină tusea (77%), durerea (59%), scăderea ponderală (51,2%), totuşi 41,8% afirmă depistare „ocazională" radiologică. Simptomele sunt mai frecvente la stadiile avansate. Radiografia pulmonară a fost sugestivă de CBP la 98,6% din cazuri. Bronhoscopia s-a făcut la 277 bolnavi (97,2%), a fost sugestivă de CBP la 202 (73,5%), erau operabili 150 (54,9%).
Tomografia computerizată s-a făcut la 238 pacienţi (82,9%), din care 100 (42%) erau operabili. Stadializarea TNM: stadiul I - 5%, stadiul II - 11%, IIIA - 16%, IIIB - 28%, IV - 32%, stadiu nedeterminabil 8%. Confirmarea malignităţii s-a făcut la 199 cazuri (69,3%), cele mai productive metode fiind biopsia bronşică (70 cazuri) şi examenul piesei operatorii (67 cazuri). Tipul histologic a fost precizat la 150 cazuri (52,3%): 91 cazuri - adenocarcinom, 41 - epidermoid, 16 - microcelular, 1 - macrocelular.
Timpul mediu de la debutul simptomelor la internare (T1) a fost de 93,46 zile, timpul de la internare la diagnostic (T2) - 8,83 zile, timpul de la diagnostic la operaţie (T3) - 15,9 zile. T1 a fost mai scurt la simptomatici (83 zile) decât la „depistarea ocazională" (107,3 zile). T1 nu a fost mai lung la stadiile avansate (88,4 zile) decât la cele precoce (102,2 zile). S-a remarcat o corespondenţă bună între indicaţia terapeutică ideală şi cea reală (93 operabili, 95 operaţi, 186 pacienţi trimişi la chimioterapie).
Concluzii: CBP este diagnosticat frecvent în stadii avansate, după evoluţie simptomatică îndelungată. Confirmarea malignităţii s-a ameliorat în ultimii ani. Atitudinea terapeutică este în majoritatea situaţiilor promptă şi adaptată stadiului bolii .

P270. TREATMENT CHOICES OF LUNG CANCER IN THE MOMENT OF DIAGNOSIS IN PATIENTS ADMITTED TO „M. NASTA" INSTITUTE IN 1998

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Objective: study of the features of patients admitted with lung cancer (LC). *Method:* retrospective study, including 309 patients admitted with LC in 1998. *Results:* mean age - 58, 83% smokers, 79.1% male. In 22 cases the LC was denied after surgery. The initial symptoms were mainly cough (77%), chest pain (59%), weight loss (51.2%), nevertheless 41.8% claim „occasional discovery" on chest X-ray. Symptoms are more frequent in advanced stages. Chest X-ray suggested LC in 98.6% of cases. Bronchial endoscopy was performed in 277 cases (97.2%), suggesting LC in 202 (73.5%), 150 operable (54.9%). CT was performed in 238 patients (82.9%), 100 (42%) operable. TNM staging was: stage I- 5%, stage II- 11%, IIIA - 16%, IIIB - 28%, IV - 32%, undeterminable 8%. Malignancy was confirmed in 199 cases (69.3%), with highest efficiency by bronchial biopsy (70 cases) and analysis of tissue from surgery (67 cases). Histology type was defined in 150 cases (52.3%): 91 adenocarcinoma, 41 epidermoid, 16 small cell, 1 macrocelular. The mean time from symptom onset to admittance (T1) was 93.46 days, mean time from admittance to diagnosis (T2) was 8.83

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days, mean time from diagnosis to surgery (T3) was 15.9 days. T1 was shorter in symptomatic patients (83 days) than in „occasionally discovered" (107.3 days). T1 was not longer in advanced stages (88.4) than in early ones (102.2). There was a good match between ideal treatment indication and the real one (93 operable patients, 95 operated, 186 sent to chemotherapy).
Conclusions: LC is frequently diagnosed in advanced stages, after a long symptomatic evolution. Confirmation of malignancy improved in the last years. The therapeutic attitude is in most cases prompt and adequate to the stage.

P271. METASTAZĂ PULMONARĂ DE ADENOCARCINOM SECRETANT UTERIN CU EVOLUȚIE CLINICO-RADIOLOGICĂ PARTICULARĂ

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Se prezintă cazul unei paciente de 58 de ani care a fost operată în 1974 pentru bronșiectazii supurate, când s-a practicat lobectomie inferioară stângă. Pacienta a fost operată în 1995 pentru adenocarcinom secretant uterin. In octombrie 2001 se pun în evidență modificări radiologice pulmonare sugestive de metastaze. Odată cu creșterea în volum a tumorilor pulmonare, acestea se excavează și pacienta începe să expectoreze abundent sero-mucos (peste 500 ml/zi). Se instituie dren într-una din cavitățile pulmonare, după care pacienta nu mai expectorează, permițându-i astfel să se odihnească și să se refacă din punct de vedere fizic. Prin tubul de dren se elimină zilnic aproximativ 1500 ml secreție sero-mucoasă. Se efectuează pneumonectomie dreaptă cu evoluție postoperatorie favorabilă, chiar dacă funcția ventilatorie a fost asigurată numai de lobul restant al plămânului stâng. Examenul morfopatologic al piesei de exereză confirmă diagnosticul de adenocarcinom.

P271. PULMONARY METASTASIS OF A SECRETOR UTERUS ADENOCARCINOMA WITH PARTICULAR CLINICAL AND RADIOLOGICAL EVOLUTION

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We present the case of a 58 years old patient, operated in 1974 for suppurated bronchectasis, when a left inferior lobectomy was performed. The patient was operated again in 1995 for a secretor uterus adenocarcinoma. In October 2001 aspects suggestive for pulmonary metastasis are identified on chest X-ray. Once these lesions increase, they ulcerate and the patient eliminates by cough a large quantity (over 500 ml/day) of serous fluid. A drainage is set in one of the lung cavities, the patient stops coughing, allowing her to rest. Each day about 1500 ml of serous fluid are drained. A right pneumonectomy is performed, with favorable post-operative evolution, even though the ventilatory function is supplied only by the remaining lobe of the left lung. The pathologic examination of the exeresis piece confirms the diagnosis of adenocarcinoma.

P272. EVALUAREA CORTICOTERAPIEI ÎN SARCOIDOZA PULMONARĂ

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Obiectivul lucrării îl constituie evaluarea terapiei pe un lot de 14 pacienți cu sarcoidoză pulmonară (9 bărbați și 15 femei) cu vârste cuprinse între 21–53 ani internați în secția de pneumologie a SCUMC în perioada 1997-2000. Opțiunea terapeutică inițială a fost corticoterapia sistemică în toate cazurile, la cei cu evoluția nefavorabilă s-au asociat ulterior imunosupresoare. Proporția rezultatelor favorabile a fost de 42,85%.
La pacienții cu evoluție nefavorabilă la care s-a asociat terapia imunosupresoare, după un an de tratament, nu s-a constat o superioritate netă a asocierii medicamentoase, în schimb riscurile au fost mai mari (imunodepresie, depresie medulară, suprainfecții). Sarcoidoza nu are în prezent un tratament standardizat, nu există principii clare privind momentul introducerii corticoterapiei, rezultatele terapeutice incerte, iar noi nu am remarcat o eficiență sporită a asocierii corticoterapiei cu imunosupresoare.

P272. CORTICOTHERAPY EVALUTION IN PULMONARY SARCODOSIS

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The purpose of this study is to evaluate the therapeutic options in a group of 14 patients with pulmonary sarcoidosis (9 men and 5 women) aged between 21–53 years. They have been hospitalized in the pneumology department of Clinical Emergency Central Military Hospital from Bucharest between 1997–2000. The first therapeutic option was systemic corticotherapy in all pacients, in the cases with unfavorable evolution the association of immunosuppressant followed the corticotherapy. The incidence of favorable results was 42.85%. Regarding patiens with unfavorable evolution, the results after one year of treatment didn't show a visible superiority of association the immunosuppressant therapy, but the risk were higher (immunodeppression, medullar depression, suprainfections). Sarcoidosis has not standardized therapy, distinct principles regarding the moment of therapy beginning are unavailable, the therapy results are uncertain and we didn't find more efficiency in associate therapy (corticosteroid-immunosuppressant).

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P273. DIFICULTĂŢI DE DIAGNOSTIC ÎN 3 CAZURI DE PNEUMONIE CU EOZINOFILE

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Au fost studiate 3 cazuri care au prezentat simptomatologie comună la internare: tuse productivă, subfebrilitate, dispnee de efort, fatigabilitate, scădere ponderală. Examenul radiologic a relevat opacităţi pulmonare extinse bilateral.TC a arătat în toate cazurile zone de infiltraţie interstiţială difuză de tip "sticlă mată" bilateral. În toate cele 3 cazuri bronhoscopia a fost normală cu eozinofile crescute în LBA în concordanţă cu eozinofilia marcată. BK în spută constant negativ (M+C). Examenul parazitologic a fost negativ în 2 cazuri, iar într-unul a evidenţiat prezenţa Toxocara Canis. În 2 cazuri serologia anti Mycoplasma, anti Chlamidia, anti Ricketzia şi anti parazitară au fost negative, iar într-un caz s-au evidenţiat anticorpi anti Toxoplasma în titru crescut. În 2 cazuri s-a iniţiat tratament tuberculostatic de probă fără ameliorare clinică, radiologică şi paraclinică. Evoluţia a fost favorabilă sub tratament anti parazitar specific într-un caz, şi sub corticoterapie în altul. În cel de-al 3 lea caz s-a observat remisia spontană clinică, radiologică şi funcţională. Clinic şi paraclinc, pacienţii au fost încadraţi în următoarele entităţi clinice: pneumonie cronică eozinofilică şi pneumonie eozinofilică parazitară. Diagnosticul diferenţial s-a făcut cu: celelalte tipuri de eozinofilie pulmonară, determinări pulmonare din alte boli de sistem, pneumopatiile interstiţiale difuze, neoplaziile pumonare, tuberculoză pulmonară.

P273. DIAGNOSTIC DIFFICULTIES IN 3 CASES CONCERNING EOSINOPHILIC PNEUMONIA

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There have been studied about 3 cases which they presented commune symptoms at the hospitalization: productive cough, sub fever symptoms, fatigability and weight loss. Pulmonary X ray exam revealed bilateral spread opacities. CT scan, showed, in all cases, diffuse interstitial infiltration zones, so called: "mat glass", bilaterally spread. In all these 3 cases, broncho-scopy, has been shown normal, with eosinophilic titer high in bronchoalveolary liquid, according the high eosino-philic blood titer. Sputum BK, negative (constantly) (M+C). Parasitological exam has been shown negative in 2 cases plus 1 case with Toxocara Canis. In 2 cases anti Mycoplasma, anti Chlamidia, anti Ricketzia and anti antiparazitological serology have been shown negative; and in one case have been revealed Ac anti Toxoplasma in high titer. In 2 cases, it has been initiated tuberculostatic prove treatment without clinical, radiological and para clinical improvement. The evolution has been improved under specific antiparazitological treatment in one case, and, on the other hand, under corticotherapy, the other case. In the third case, has been observed functional, radiological and clinical (spontaneous) remission. Clinical and paraclinical, the patients have been included in the following clinical entities: Chronic eosinophilic pneumonia and Parasitary eosinophilic pneumonia. Differential diagnostic has been made with: the other types of pulmonary eosinophilia, pulmonary determinations from other system diseases, diffuse interstitial pneumopathies, pulmonary cancer diseases and pulmonary tuberculosis.

P274. AFECTAREA PULMONARĂ ÎN SPONDILARTROPATII ŞI POLIARTRITĂ REUMATOIDĂ

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Scopul acestui studiu este de a evalua modalităţile de afectare pulmonară în spondilartropatii (S) şi poliartrita reumatoidă (PR). Studiul s-a realizat pe un lot randomizat de 32 pacienţi – 19 cu S şi 13 cu PR, diagnosticaţi cu aceste afecţiuni în Clinica Reumatologie, la care consultul pulmonar efectuat în Clinica Pneumoftiziologie a evidenţiat următoarele aspecte. Simptomatologia respiratorie s-a manifestat prin tuse seacă iritativă la 12 pacienţi (37,5%), expectoraţie mucopurulentă la 15 (46,8%), dispnee de efort la 23 (71,8%). Documentele radiotomografice pulmonare au relevat un desen fibroreticular bilateral bazal în 6 cazuri (18,75%), fibroase apicale în 5 (15,62), leziuni cavitare apicale în 9 (28,1%), focarul rotund în 8 (25%) şi colecţii pleurale inclusiv empiemul şi pahipleurită în 4 situaţii (12,5%). Explorarea funcţională respiratorie a evidenţiat disfuncţie ventilatorie mixtă predominant restrictivă. Examenul bacteriologic al sputei a confirmat (microscopie şi cultură) în 9 situaţii prezenţa M. tuberculosis. Tratamentul antituberculos aplicat cazurilor confirmate, a condus iniţial la rezultate favorabile, însă în timp la apariţia recidivelor şi cronicităţii (5 cazuri). În concluzie: În S. manifestările pulmonare sunt mai frecvente cele de tipul fibrozei apicale şi cavitare. Această entitate este un factor de risc pentru apariţia tuberculozei pulmonare, ambele afecţiuni influenţându-se negativ. In PR atingerea pulmonară este relevată prin noduli reumatoizi şi afectare pleurală. Disfuncţia ventilatorie restrictivă este secundară în S., mai mult şi prin afectarea cutiei toracice, pe când în PR prin afectarea pleuropulmonară.

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P274. PULMONARY INVOLVEMENT IN SPONDYLARTHROPATHIES AND RHEUMATOID POLYARTHRITIS

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The aim of this study is to evaluate the modalities of pulmonary involvement in spondylarthropathies (S) and rheumatoid polyarthritis (RP). The study was performed on a randomized group of 32 patients, of which 19 with spondylarthropathies and 13 with rheumatoid polyarthritis, diagnosed with these disorders in the Clinic of Rheumatology, in whom pulmonary follow-up in the Clinic of Pneumophthisiology. Respiratory symptomatology manifested by irritating cough in 12 patients (37.5%), mucopurulent expectoration in 15 patients (46.8%), effort dyspnea in 23 patients (71.8%). The radioimagistic methods showed the presence of a bilateral basal fibroreticular pattern in 6 cases (18,7%), apical fibrosis in 5(15,62%) apical pulmonary cavitary lesions in 9 cases (28,1%), round foci in 8 cases (25%) and pleural collections including pleural empyema and pachypleuritis in 4 cases (12.5%). Functional respiratory exploration revealed a predominantly restrictive mixed ventilatory dysfunction. The bacteriological examination of the sputum confirmed in 6 cases with cavitary lesions the presence of Mycobacterium tuberculosis. The antituberculous treatment applied at confirmation cases led initially to favorable results with microscopic negativation at 2 months, but to relapses and chronicity (5 cases), in the long run. In S, pulmonary manifestations of apical fibrosis type and cavitary, are more frequent. This entity is a risk factor for pulmonary tuberculosis, the two disorders influencing each other negatively. In RP, pul-monary involvement is indicated by rheumatoid nodules and pleural involvement. The restrictive ventilatory dysfunction is secondary in spondylarthropathies, especially through thoracic involvement, while in rheumatoid polyarthritis there is a pleuroparenchymatous involvement.

P275. GRANULOMATOZA WEGENER – DIFICULTĂŢI DIAGNOSTICE. PREZENTARE CAZ

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Pacienta C.R., 34 ani, nefumătoare, se internează prezentând la debut junghi hemitorace stâng, poliartralgii, otalgii stângi, febră. Este internată la Clinica Boli Infecţioase unde biologic se confirmă un sindrom inflamator şi anemie, iar radiografia pulmonară relevă o opacitate macronodulară bazal stâng interpretată ca o bronhopneumonie. După o săptămână de tratament cu antibiotice, evoluţia a fost nefavorabilă cu apariţia altor opacităţi în plămânul drept. Este transferată în secţia Chirurgie Toracică pentru toracotomie exploratorie, fiind suspectată de tumoră pulmonară stânga cu metastaze controlaterale sau metastaze pulmonare bilaterale cu punct de plecare neprecizat. Se practică toracotomie cu lobectomie inferioară stânga, examenul histopatologic extemporaneu arată inflamaţie granulomatoasă, posibil tuberculom. Până la primirea rezultatului histopatologic definitiv se completează investigaţiile cu biopsie nazală (inflamaţie granulomatoasă), probe renale şi ecografie abdominală normale, probe imunologice cu IgA, G şi M crescute, PCR = 5,3mg %, ANCA=pozitiv; ce orientează diagnosticul spre o granulomatoză Wegener, cu manifestări pulmonare şi în sfera ORL, fără afectare renală (la acel moment). Examenul histopatologic definitiv confirmă vasculita granulomatoasă. Corticoterapia determină resorbţia cvasicompletă a formaţiunilor pulmonare drepte dar nu împiedică apariţia manifestărilor renale.

P275. WEGENER GRANULOMATOSIS – DIAGNOSIS DIFFICULTIES – CASE REPORT

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The patient C.R., woman, aged 34, non-smoker, was admitted into hospital presenting stitches on her left hemithorax , multiple arthralgias, left otalgias, fever. She was admitted into the Infectious Diseases Hospital where an inflammatory syndrome and anemia were confirmed and chest radiography showed a macro-nodular opacity on the left lower side resembling a bronchopneumonia. After a 7 day antibiotic therapy the evolution was unfavorable and other opacities appeared in the right lung. The patient is transferred into the Thoracic Surgery Department for an open-lung biopsy with suspicion of left lung neoplasm with metastasis in the right lung or bilateral lung metastasis with primary localization of the neoplasm unknown. Thoracotomy with left lower lobectomy was performed; the extemporaneous histopathological examination reveals a granulomatous inflammation – possible tuberculoma. While we were waiting for the final histopathological result we have continued our investigations with nasal biopsy (granulomatous inflammation), renal function and abdominal echography were normal, ANCA=positive; all of these strongly suggesting the diagnosis of Wegener granulomatosis with pulmonary and otic manifestations without renal impairment at that moment. The definitive histopathological examination confirmed the granulomatous vasculitis. The corticotherapy leads to quasicomplete resorption of right lung opacities but does not prevent renal signs.

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P276. ASPECTE COMPARATIVE ALE CELULARITĂȚII ȘI ALE NIVELULUI DE CITOKINE ÎN BAL ÎN PNEUMOPATII FIBROZANTE

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Scopul lucrării este de a analiza comparativ profilul citologic și nivelul de citokine în BAL cu intenția de a identifica o eventuală concordanță sau discordanță de răspuns pe cele două linii: celulară și imunologică. Studiul a cuprins 65 de pacienți la care etiologia fibrozei pulmonare a fost incertă. În toate cazurile s-a constatat o celularitate crescută, conturând tipul de alveolită limfocitară în 49% din cazuri (32 pacienți), neutrofilică 18% din cazuri (12 pacienți) și mixtă în 33 % din cazuri (21 pacienți). IL-1,IL-8 și TNF alfa au marcat o largă gamă de variație între 17-380 pg/ml pentru IL-1, 25-8900 pg/ml pentru IL-8 și un interval mai strîns între 24-80 pg/ml pentru TNF alfa. Comparând rezultatele obținute s-a constat că tipul de alveolită limfocitară se corelează mai frecvent cu nivelul IL-1 și TNF alfa în timp ce alveolita neutrofilică se corelează mai frecvent cu IL-8. Aceste observații sugerează pe lângă particularizarea terapeutică în funcție de profilul alveolitei și orientarea investigațiilor mai invazive (biopsie pulmonară) în cazurile în care nivelul de citokine este foarte înalt.

P276. COMPARATIVE ASPECTS OF THE CELLULARITY AND OF THE CYTOKINE LEVEL IN BAL IN FIBROSING PNEUMOPATHIES

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The purpose of this research is the comparative analysis of the cytological profile and of the cytokine level in BAL in order to identify a possible concordance or discordance between the response of cellular and immunological lines. The study included 65 patients with pulmonary fibrosis of uncertain etiology. We noted in all the cases an increased cellularity, suggesting the lymphocitic alveolitis type in 49% of the cases, neutrophilic alveolitis in 18% and mixed alveolitis in 33% of the cases. IL-1, IL-8 and TNF alpha varied between 17- 380 pg/ml for IL-1, 25-8900 pg/ml for IL-8 and varied only between 24-80 pg/ml for TNFalpha. The comparison of the results led to the conclusion that the type of lymphocytic alveolitis is more frequently connected to the level of IL-1 and TNF alpha, while the neutrophilic alveolitis is more frequently connected to IL-8. These observations suggest the therapy to be conducted according to the type of alveolitis and using the more invasive exploration (pulmonary biopsy) when the citokine level is very high.

P277. PLASMOCITOM PULMONAR RELEVAT PRIN LAVAJ BRONHOALVEOLAR (LBA) – PREZENTARE DE CAZ

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Plasmocitomul pulmonar este o entitate clinică rară în patologia respiratorie. Lavajul bronhoalveolar poate fi evocator în stabilirea diagnosticului. Se prezintă un caz în care aspectul citologic al LBA a fost primul indiciu de plasmocitom pulmonar.

Caz clinic: Pacienta de 54 de ani a fost internată pentru precizare de diagnostic. Radiografia pulmonară și examenul computer-tomografic toracic au evidențiat infiltrate pulmonare bilaterale neomogene la nivelul lobului mediu drept și lobului inferior stâng, sugerând procese pneumonice. O etiologie non-infecțioasă a fost suspicionată și s-a efectuat lavaj bronhoalveolar. Examenul citologic a fost puternic sugestiv pentru un plasmocitom, confirmat ulterior în Clinica de Hematologie Fundeni.

Concluzii: Plasmocitomul extramedular pulmonar (limfomul plasmocitic) poate avea localizări multiple. Plasmocitomul pulmonar primar este rar. Cele mai multe plasmocitoame pulmonare sunt secundare. În cazul prezentat, LBA a arătat aspecte sugestive pentru o determinare pulmonară în plasmocitom. Utilitatea LBA pentru diagnosticul final a fost evidentă.

P277. PULMONARY PLASMACYTOMA REVEALED OF BRONCHOALVEOLAR LAVAGE (BAL) – CASE REPORT

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Pulmonary plasmacytoma is a rare lung disease in which BAL is a useful diagnostic tool. We present a clinical case where the cytological features of BAL provided the first clue of the diagnosis of pulmonary plasmacytoma.

Case report: A 54-year old woman was admitted as inpatient for: breathlessness, fatigue, chest pain and dry cough. The chest X-ray and the computed tomographic scan of the thorax revealed patchy infiltrates suggesting pneumonic processes in the right middle and left lower lobes. A noninfectious etiology was considered and BAL was performed. The cytological analysis was strongly suggestive for a plasmacytoma, that was confirmed subsequently in the Hematology Department Fundeni.

Conclusions: The extramarrowy solitary plasmacytoma (plasmocytic lymphoma) can have multiple sites. The primary pulmonary plasmacytoma is uncommon. Most pulmonary plasmacytomas are secondary. In our case BAL showed suggestive features for a pulmonary involvement of plasmacytoma. The utility of BAL for finally diagnosis was evidently.

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P278. BOLI ORFELINE PULMONARE: ABORD DIAGNOSTIC ŞI TERAPEUTIC

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Maladiile orfeline pulmonare reprezintă un grup heterogen de boli interstiţiale pulmonare, de etiologie necunoscută, caracterizate prin o prevalenţă extrem de redusă şi prin un deficit semnificativ de informaţie ştiinţifică verificată statistic.
În studiul de faţă au fost selectate conform criteriilor GERMOP (Groupe d'Etudes et de Recherche sur les Maladies „Orphelines" Pulmonaires) 5 afecţiuni – Histiocitoza X, BOOP, Proteinoza alveolară, Limfangioleiomiomatoză şi Pneumonie limfocitară interstiţială, totalizând un număr de 9 cazuri internate în perioada 1996–2001 în secţia medicala IV a Institutului de Pneumologie "Marius Nasta" din Bucureşti.
Pentru obţinerea unui diagnostic de certitudine s-a recurs la investigaţii speciale, respectiv HRCT, BAL şi biopsie pulmonară.
Pacienţii au fost urmăriţi clinic şi paraclinic de la internare până în prezent (1–5 ani) urmărindu-se evoluţia bolii şi răspunsul la tratamentul (specific sau nespecific) aplicat. Ameliorarea clinică a fost constatată la 5 pacienţi, în 3 cazuri evoluţia a fost progresivă, neinfluenţată de tratament, iar un pacient a decedat. În urma studiului am putut concluziona că diagnosticul precoce şi tratamentul specific sunt esenţiale în influenţarea evoluţiei bolii. De asemenea s-a observat necesitatea aplicării unor metode alternative de biopsie pulmonară (transbronşică, video-asistată), din cele 9 cazuri prezente în studiu, biopsia pulmonară deschisă fiind efectuată la doar 3 pacienţi.

P278. PULMONARY "ORPHAN" DISEASES: DIAGNOSTIC AND THERAPEUTIC APPROACH

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Pulmonary "orphan" diseases form a heterogeneous group of interstitial diseases, of unknown etiology, which are caracterized by a very low prevalence and certain deficit of reliable statistic data.
According to the GERMOP criteria (*Groupe d'Etudes et de Recherche sur les Maladies „Orphelines" Pulmonaires*) 5 diseases were selected: Hystiocitosis X, Lymphangioleiomyomatosis, BOOP, Alveolar proteinosis and Lymphocytic interstitial pneumonia, totalizing 9 cases which were admitted to "Marius Nasta" Institute of Pneumology during the period 1996–2001.
HRCT, BAL and pulmonary biopsy provided the main data used to achieve a final diagnostic.
All the patients have been periodicaly monitored using clinical, imagistic and functional assays, in order to asses the disease progression and the response to treatment. Significant clinical improvement has been reported in 5 patients, 3 patients presented no response to treatment and 1 patient deceased.
We concluded that early diagnostic and specific therapeutic methods are the essential factors for limiting the disease progression. The necessity of alternative lung biopsy methods has been emphasized, such as TBB and VAT, in our study open lung biopsy has been performed in only 3 patients.

P279. BRONŞIOLITA OBLITERANTĂ CU PNEUMONIE ÎN ORGANIZARE – CAZ CLINIC

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Prezentăm cazul unui bolnav de 35 de ani, fumător 20 pachete/an care se prezintă în serviciul nostru. Pe radiografia pulmonară – la internare, o formaţiune tumorală de aproximativ 3 cm placată la perete, în treimea medie dreaptă, sus situată, cu reacţie pleurală. Ecografia toracică, bronhoscopia, scintigrafia pulmonară şi examenul computer tomograf nu au ajutat la stabilirea diagnosticului. Cazul este elucidat prin biopsia din piesa rezultată în urma toracotomiei în scop explorator şi curativ. Diagnosticul histopatologic este bronşiolită obliterantă cu organizare pneumonică.

P279. BRONCHIOLITIS OBLITERANS AN ORGANISING PNEUMONIA - CASE REPORT

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We present the case of a 35 year man, smoker of 20 packs-year, presenting in our clinic. Chest X-ray at admittance - 3 cm round shadow next to the chest wall in medium third on the right, with pleural reaction. Thoracic ultrasound, bronchoscopy, pulmonary scintigraphy and CT scan were not helpful for the diagnosis. The case is revealed by open lung biopsy after thoracototmy performed for diagnosis and cure. The histologic examination shows bronchiolitis obliterans with organising pneumonia.

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P280. SINDROAME INTERSTIȚIALE – O ANALIZĂ A CAZURILOR PE O PERIOADĂ DE 6 ANI ÎN CLINICA DE PNEUMOLOGIE IV INSTITUTUL DE PNEUMOLOGIE "M. NASTA"

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Introducere: Bolile interstițiale difuze au un tablou clinico-radiologic specific, dar reprezintă un grup heterogen de afecțiuni cu etiologie, patogenie și prognostic diferit, fapt ce impune un dignostic adecvat și o abordare terapeutică specifică.
Scop: Evaluarea incidenței și a etiologiei cazurilor cu sindroame interstițiale internate pe o perioadă de 6 ani în secția pneumologie nr. IV a Institutului "M. Nasta".
Metodă: Selecționarea retrospectivă a cazurilor diagnosticate cu sindrom interstițial pe baza aspectelor clinico-radiologice și funcționale din totalul pacienților internați în perioada 1996–2001 în clinica de pneumologie nr. IV a Institutului "M. Nasta".
Rezultate: Dintr-un total de 2361 de pacienți internați în această perioadă 99 de pacienți au fost diagnosticați cu sindrom interstițial (4,16%). Spectrul etiologic a fost următorul: 13 cazuri de fibroză pulmonară idiopatică, 11 cazuri de sarcoidoză pulmonară tipurile 2-3 radiologic, 11 cazuri de sindrom interstițial de etiologie infecțioasă (miliară tuberculoasa, candidoză pulmonară, Mycoplasma pneumoniae, virale), 8 cazuri de alveolită alergică extrinsecă, 7 cazuri de colagenoze, 6 cazuri de pneumoconioze, 5 cazuri de histiocitoză X, 2 cazuri de limfangioleiomiomatoză, 2 cazuri de afectare interstițială pulmonară la Amiodarona, 18 cazuri de carcinomatoză pulmonară difuză și câte un caz de hemosideroză secundară, hemoragie alveolară difuză idiopatică, pneumonie cronică cu eozinofile, BOOP idiopatic, agamaglobulinemie dobândită, proteinoză alveolară, pneumonie interstițială limfocitară. În 9 cazuri nu s-a putut stabili un diagnostic etiologic cert.
Aspectul radiologic s-a corelat în marea majoritate a cazurilor cu aspectele radiologice clasic descrise în patologiile respective. În 72 de cazuri pentru stabilirea diagnosticului s-a efectuat lavaj bronhoalveolar iar în 29 de cazuri s-au efectuat prelevări histopatologice.

P280. INTERSTITIAL LUNG SYNDROME – A 6 YEARS ANALYSIS OF THE CASES ADMITTED IN THE 4th DEPARTMENT OF PNEUMOLOGY IN "M. NASTA" INSTITUTE

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Interstitial lung syndrome have a specific clinical and radiologic pattern, but represent a heterogeneous group of diseases with various etiology, pathophisiology and prognosis that require an adequate diagnosis and treatment.
Aim of the study: evaluation of the incidence and etiology of the patients diagnosed with interstitial lung syndrome during a period of 6 years in the 4th Department of Pneumology.
Method: retrospective analysis of the patients diagnosed with interstitial lung syndrome on clinical, radiological and functional pattern from all patients admitted in the clinic between 1996 and 2001.
Results: out of 2361 patients admitted in the clinic in this period 99 (4.16%) patients were diagnosed with interstitial lung syndrome. The etiology was: idiopathic interstitial lung disease (13 cases), type II-III sarcoidosis (11 cases), infectious (Mycoplasma pneumoniae, viral and milliary tuberculosis) interstitial pneumonia (11 cases), extrinsic allergic alveolitis (8 cases), collagenosis (7 cases), pneumoconiosis (6 cases), histiocitosis X (5 cases), lymphangioleiomyomatosis (2 cases), amiodaron related interstitial lung disease (2 cases), carcinomatosis (18 cases), and 1 case of each of the following: secondary hemosiderosis (thalasemia), idiopathic hemosiderosis, chronic eosinophilic pneumonia, idiopathic BOOP, alveolar proteinosis, and lymphocitic interstitial pneumopathy. In 10 cases a certified diagnosis couldn't be established.
In most cases the radiological aspect correlated with classical findings for each etiology. In 72 cases for establishing the diagnosis bronchoalveolar lavage and in 29 cases histological samples were performed.

P281. EVALUAREA PRIN LAVAJ BRONHOALVEOLAR A AFECTĂRII PULMONARE DIN SCLEROZA SISTEMICĂ

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Obiectivul major al studiului a fost evaluarea relației dintre rezultatele lavajului bronhoalveolar (LBA) și funcția ventilatorie la bolnavii cu scleroză sistemică (SS) și afectare pulmonară consecutivă.
Studiul a fost retrospectiv și a inclus 17 cazuri de SS cu afectare pulmonară investigate la Institutul "Marius Nasta" în perioada ianuarie 1999–august 2001.
Probele funcționale respiratorii au fost următoarele: CV(% din prezis) = 82,5±14; TLCO (% din prezis) = 67,5±23,2. În lichidul de LBA s-au identificat următoarele: număr total de celule x 10^6 = 11,5±6; limfocite (%) = 22,9±15,4; neutrofile (%) =15,2±13,4; eozinofile (%) = 1,9±0,9; macrofage (%) = 58,1±19,8.

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S-a comparat de asemenea celularitatea LBA în funcţie de valoarea TLCO şi s-a constat că grupul cu TLCO>80% a prezentat un nivel mai crescut de eozinofile (5,24,9 vs 0,90,2, p=0,007) în timp ce la pacienţii cu TLCO<80% s-a observat un procent mai mare de neutrofile (16,1±15,5 vs 12,6±2,8) comparativ cu grupul cu funcţie ventilatorie normală.
Concluzii: Pacienţii cu SS şi probe funcţionale respiratorii normale prezintă un nivel crescut de eozinofile în lichidul de LBA, sugerând o alveolită tranzitorie, în timp ce la cei cu TLCO<80% se observă un procent mai mare de neutrofile, compatibil cu stadiul de fibroză interstiţială. Explorarea prin LBA a bolnavilor cu SS este o metodă fiabilă pentru evaluarea afectării pulmonare din cadrul sclerozei sistemice.

P281. EVALUATION BY BRONCHOALVEOLAR LAVAGE OF THE PULMONARY IMPAIRMENT IN SYSTEMIC SCLEROSIS

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The main objective of the study was the evaluation of the relationship between the findings of the bronchoalveolar lavage (BAL) and the lung function in patients with systemic sclerosis (SS) and subsequent pulmonary impairment.
The study was retrospective and included 17 cases with SS and pulmonary involvement investigated in "Marius Nasta" Institute, Bucharest, between January 1999-August 2001. Lung function assessment found the following: VC (% of predicted) = 82.5±14; DLCO (% of predicted) = 67.5±23.2. Cell count in BAL fluid showed: total number of cells x 10^6 = 11.5±6; lymphocytes (%) = 22.9±15.4; neutrophils (%) = 15.2±13.4; eosinophils (%) = 1.9±0.9; macrophages (%) = 58.1±19.8.
We also compared the cell pattern according to DLCO value: the patients with DLCO>80% had significantly higher levels of eosinophils (5.2±4.9 vs 0.9±0,2, p=0.007) while the group with DLCO<80% presented increased levels of neutrophils (16.1±15.5 *vs* 12.6±2.8) compared to the group with normal lung function.
Conclusions: Patients with SS and normal lung function present an increased level of eosinophils in BAL fluid, suggesting a transitory alveolitis. In change, those with DLCO<80% have a higher level of neutrophils, usually associated to pulmonary fibrosis. The investigation by BAL in patients with SS appears to be a reliables tool for the assessment of the pulmonary impairment related to systemic sclerosis.

P282. PULSTERAPIA CU CICLOFOSFAMIDĂ ÎN TRATAMENTUL UNOR CAZURI DE PNEUMOPATII INTERSTIŢIALE DIFUZE

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Tratamentul de primă intenţie al pneumopatiilor interstiţiale difuze este corticoterapia. Imunosupresoarele (ciclofosfamida, azatioprina etc.) sunt indicate pacienţilor ce nu răspund la corticoterapie sau celor care dezvoltă reacţii adverse la aceasta. Ciclofosfamida se poate administra zilnic per os sau intermitent în pulsterapie. Pentru a determina eficienţa şi siguranţa administrării de ciclofosfamidă în pulsterapie s-au analizat cazurile a 4 pacienţi cu pneumopatie interstiţiala difuză, dintre care 3 cu PID idiopatică şi 1 cu sindrom Sjogren. Pacienţii au fost trataţi cu ciclofosfamidă în pulsterapie 1g/lună timp de 1 an în asociere cu prednison. S-au analizat volumele pulmonare, transferul gazos, presiunea parţială a oxigenului în repaus (PaO_2), simptomatologia şi reacţiile adverse. În funcţie de acestea pacienţii au fost împărţiţi în responsivi şi non responsivi.
Doi dintre pacienţi au fost responsivi: capacitatea vitală (CV) a crescut cu 5% şi respectiv 19%, PaO_2 s-a menţinut stabilă (60-68mmHg), simptomatologia s-a redus, în schimb TL_{CO} a scăzut cu 9% şi respectiv 61%, iar K_{CO} cu 27-43%. Ceilalţi doi pacienţi au fost nonresponsivi: CV a scăzut cu 15% şi respectiv 19%, TL_{CO} a scăzut cu 52-55%, K_{CO} a scăzut cu 58-60%, PaO_2 a scăzut cu 7-16%, iar simptomatologia s-a agravat. Dozele de prednison au fost reduse cu 10-30 mg/zi. Reacţiile adverse au fost minore (2 pneumonii şi 3 infecţii urinare joase) şi nu au necesitat întreruperea pulsterapiei.
Concluzie: Pulsterapia cu ciclofosfamidă a fost bine tolerată, cu reacţii adverse minime, dar cu eficacitate limitată.

P282. CYCLOPHOSPHAMIDE PULSE THERAPY IN THE TREATMENT OF SOME CASES OF INTERSTITIAL LUNG DISEASES

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The initial treatment of interstitial lung diseases is corticotherapy. Immunosuppressive agents (cyclophosphamide, azatioprine etc.) are used among steroid nonresponders and those who experience serious adverse effects from corticosteroids. Cyclophosphamide may be given oral daily or in pulse therapy intermittent.
To determine the efficacy and safety of cyclophosphamide pulse therapy we analysed 4 patients with interstitial lung

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disease, 3 of them with idiopathic pulmonary fibrosis and 1 with Sjogren syndrome.
The patients received intermittent i.v. cyclophosphamide (1g/month) and additional oral prednison for 1 year. Lung volumes, transfer factor, arterial oxygen pressure at rest (PaO_2), clinical symptoms and potential treatment-related side effects were recorded.
Two patients were responders: vital capacity (VC) increased with 5% and 19% respectively, PaO_2 maintained stable (60-68 mmHg), clinical symptoms reduced, but the transfer factor decreased by 9% and 61% respectively and K_{CO} decreased by 27 and 43% respectively. The other two patients were nonresponders: VC decreased by 15% and 19% respectively, the transfer factor decreased by 52-55%, K_{CO} decreased by 58-60%, PaO_2 decreased by 7-16%, and clinical symptoms increased. Additional prednison was reduced by 10 to 30 mg/day. Side-effects were minors (2 pneumonias and 3 lower urinary tract infections) and cyclophosphamide didn't have to be stopped.
Cyclophosphamide pulse therapy had been well tolerated by the patients, with minor side-effects, but the efficacy is limited.

P283. ELEMENTE DE STADIALIZARE ŞI URMĂRIRE A EFICIENŢEI PRIMULUI TRATAMENT ÎN SARCOIDOZA PULMONARĂ

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Scop: Dinamica funcţiei pulmonare drept criteriu de eficienţă a tratamentului în sarcoidoza pulmonară. Subiecţi şi metode: 24 de pacienţi cu sarcoidoză pulmonară diagnosticată morfopatologic (vârsta medie 36 ani, 15 femei) investigaţi radiologic (stadiul 1-7 pacienţi, stadiul 2-10 pacienţi, stadiul 3-7 pacienţi) şi funcţional (spirografie, curbe flux-volum, determinarea volumelor pulmonare şi a difuziunii prin membrana alveolo-capilară) la începutul şi la sfârşitul primului tratament cu prednison oral (durata medie 12,9 luni). Rezultate: Analiza datelor a permis definirea a 4 stadii funcţionale – de la stadiul 0 (explorare funcţională normală) la stadiul 3 (restricţie sau/şi obstrucţie severe, afectarea severă a difuziunii). Dinamica funcţiei pumonare a fost:

Stadiul funcţional iniţial	Nr. pacienţi	Staţionar	Ameliorare	Agravare
0	6	4	–	2
1	10	6	2	2
2	7	2	4	1
3	1	–	1	–
Total	24	12	7	5

Concluzii: Funcţia pulmonară s-a ameliorat sau a fost staţionară la 19 pacienţi (79,2%) şi s-a agravat la 5 pacienţi (20,8%) la încheierea primei perioade de tratament. Este necesară asocierea altor criterii (clinice, radiologice, tomografice, de laborator) pentru o stadializare şi evaluare a tratamentului cât mai corecte.

P283. ELEMENTS FOR STAGING AND MONITORING OF THE FIRST STEROID TREATMENT IN PULMONARY SARCOIDOSIS

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Aim: Pulmonary function dynamics as efficiency criteria of the treatment in pulmonary sarcoidosis. Subjects and methods: 24 patients with pulmonary sarcoidosis biopsy proven (mean age 36, 15 women) were submitted to radiography (stage 1-7 patients, stage 2-10 patients, stage 3-7 patients) and pulmonary function tests (spirometry, flow-volume loops, pulmonary volumes and diffusion) at the beginning and the end of the first steroid treatment (oral prednisone, mean treatment period 12,9 months). Results: Data analysis permitted us to define 4 functional stages – from stage 0 (normal pulmonary function) to stage 3 (severe restriction or/and obstruction, severe diffusion impairment). Pulmonary function dynamics was:

Initial functional stage	Number of patients	Stable	Improved	Worsened
0	6	4	–	2
1	10	6	2	2
2	7	2	4	1
3	1	–	1	–
Total	24	12	7	5

Conclusions: Pulmonary function was stable or improved in 19 patients (79,2%) and worsened in 5 patients (20,8%) at the end of first treatment period. There is necessary the association of other criteria (clinical, radiological, computer tomographic and laboratory tests) for better staging and treatment monitoring in pulmonary sarcoidosis.

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